



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 16800	4. Contact Name: William Monroe	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Delta Petroleum Corporation	Phone: 970-424-5230	
3. Address: 370 17th Street, Suite 4300 City: Denver State: CO Zip: 80202	Fax: 970-424-5233	
5. API Number: US-077-08757	OGCC Facility ID Number: 334556	Survey Plat
6. Well/Facility Name: CURRIER FAMILY	7. Well/Facility Number: 16-3	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): NENW 16 9S 93W 6 PM		Surface Equipmt Diagram
9. County: Mesa	10. Field Name: Buzzard Creek	Technical Info Page
11. Federal, Indian or State Lease Number: N/A		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer
Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No _____
Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: Blanket Individual

CHANGE WELL NAME
From: _____ NUMBER _____
To: _____
Effective Date: _____

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? Yes No
MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: 1/17/2011 Report of Work Done
Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Monitor Bradenhead Pressure for Spills and Releases	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: William Monroe Date: 1-17-2011 Email: wmonroe@deltapetro.com
Print Name: William Monroe Title: EHS Coordinator

COGCC Approved: David [Signature] Title: PE II Date: 7/29/2011

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JAN 18 2011

OGCC

1. OGCC Operator Number: 16800 API Number: 05-077-08757
2. Name of Operator: Delta Petroleum Corporation OGCC Facility ID # 334556
3. Well/Facility Name: CURRIER FAMILY Well/Facility Number: 16-3
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW 16 9S 93W 6 PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

During the 9/16/2010 annual bradenhead monitoring event a bradenhead pressure of 210 psi was measured, which bled continuous gas down to zero pressure within 30 minutes.

Since the surface casing of this well is set at 1,555 feet, Delta proposes that the bradenhead pressure continues to be monitored annually and bled down if necessary.