

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:

1636584

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>16800</u>	4. Contact Name: <u>LINDA COOL</u>
2. Name of Operator: <u>DELTA PETROLEUM CORPORATION</u>	Phone: <u>(303) 575-0376</u>
3. Address: <u>370 17TH ST STE 4300</u>	Fax: <u>(303) 575-0476</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-077-09698-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>NVEGA</u>	Well Number: <u>22-131</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>21</u> Township: <u>9S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>VEGA</u> Field Code: <u>85930</u>	

Completed Interval

FORMATION: CAMEO Status: PRODUCING

Treatment Date: 04/15/2010 Date of First Production this formation: _____
Perforations Top: 7154 Bottom: 7886 No. Holes: 60 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

PERFORATE AND FRAC TREATMENT WAS DONE IN 4 STAGES USING A TOTAL OF 4000 GAL OF HCl ACID, 26,755 BBLS OF TREATED WATER AND 339,083# 20/40 JORDAN SAND AND BALL SEALERS

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/17/2011 Date of First Production this formation: 04/29/2010
Perforations Top: 6482 Bottom: 7100 No. Holes: 68 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

PERFORATE AND FRAC TREATMENT WAS DONE IN 5 STAGES USING A TOOL OF 5000 GAL OF HCl ACID, 34,285 BBLS OF TREATED WATER. 528,446# OF 20/40 JORDAN SAND AND 16 BALL SEALERS

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/15/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 1613 Bbls H2O: 475
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: FLOWING Casing PSI: 1061 Tubing PSI: 446 Choke Size: 48
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1096 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6287 Tbg setting date: 05/27/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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

Signed: _____ Print Name: LINDA COOL

Attachment Check List

Att Doc Num	Name
1636584	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)