

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
----	----	----	----

Document Number:

1636584

COMPLETED INTERVAL REPORT

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: 16800

4. Contact Name: LINDA COOL

2. Name of Operator: DELTA PETROLEUM CORPORATION

Phone: (303) 575-0376

3. Address: 370 17TH ST STE 4300

Fax: (303) 575-0476

City: DENVER State: CO Zip: 80202

5. API Number 05-077-09698-00

6. County: MESA

7. Well Name: NVEGA

Well Number: 22-131

8. Location: QtrQtr: NESE Section: 21 Township: 9S Range: 93W Meridian: 6

9. Field Name: VEGA Field Code: 85930

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

Title: SR REGULATORY TECHNICIAN

Date: 5/11/2011

Email LCOOL@DELTAPETRO.COM

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)