

FORM
2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER _____
SINGLE ZONE ☐ MULTIPLE ☒ COMMINGLE ☒

Refiling ☐
Sidetrack ☐

Document Number:

400207734

PluggingBond SuretyID

20090069

3. Name of Operator: DELTA PETROLEUM CORPORATION

4. COGCC Operator Number: 16800

5. Address: 370 17TH ST STE 4300

City: DENVER State: CO Zip: 80202

6. Contact Name: Jennifer Barnett Phone: (303)578-2536 Fax: ()

Email: jbarnett@progressivepcs.net

7. Well Name: NBC Elk Ranch Well Number: 17-23D

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 13819

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 9S Rng: 93W Meridian: 6

Latitude: 39.278533 Longitude: -107.793375

Footage at Surface: 2019 feet FNL/FSL FNL 2552 feet FEL/FWL FWL

11. Field Name: Buzzard Creek Field Number: 9500

12. Ground Elevation: 7278 13. County: MESA

14. GPS Data:

Date of Measurement: 09/22/2011 PDOP Reading: 3.0 Instrument Operator's Name: Kyle Tesky

15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1965 FSL 1909 FWL 1965 FSL 1909 FWL
Bottom Hole: FNL/FSL 1965 FSL 1909 FWL
Sec: 17 Twp: 9S Rng: 93W Sec: 17 Twp: 9S Rng: 93W

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 422 ft

18. Distance to nearest property line: 610 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 929 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Dakota	DKTA			
Iles	ILES	369-5	480	W/2, NE/4
Mancos	MNCS			
Niobrara	NBRR			
Williams Fork	WMFK	369-5	480	W/2, NE/4

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____

22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☐ Yes ☒ No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☐ Yes ☐ No

23b. If 23 is No: ☒ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bond ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

T9S, R93W, 6th P.M.: Sec. 17: E/2SW/4, SW/4SW/4, except that portion of the S/2SW/4 lying south of County Road No. 330E., Sec. 18: SE/4SE/4

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 152

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? ☐ Yes ☐ No

31. Mud disposal: ☐ Offsite ☒ Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: Closed loop

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	16	55	0	60	60	60	0
SURF	17+1/2	13+3/8	68	0	2,200	1,240	2,200	0
1ST	12+1/4	9+5/8	53.5, 47	0	9,000	1,300	9,000	1,800
2ND	8+1/2	5	23.2	8700	13,819	920	13,819	9,500

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☒ Rotating Head ☐ None

33. Comments A closed loop system will be used for the drilling fluids. There will be a pit used to bury cuttings onsite if they meet Table 910 standards. A 30 day notice letter is not attached because the surface owner waived it in the SUA.

34. Location ID: 425092

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☐ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☒ Yes ☐ No

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

Signed: _____ Print Name: Jennifer Barnett

Title: Regulatory Agent Date: _____ Email: jbarnett@progressivepcs.net

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

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Attachment Check List

Att Doc Num	Name
400210412	PLAT
400210494	TOPO MAP
400210495	SURFACE AGRMT/SURETY
400210496	DEVIATED DRILLING PLAN

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)