

FORM
5A
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
2237653

Date Received:
10/17/2012

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: <u>16800</u>	4. Contact Name: <u>LINDA COOL</u>
2. Name of Operator: <u>DELTA PETROLEUM CORP NDDBA PAR</u>	Phone: <u>(303) 293-9133</u>
3. Address: <u>1301 MCKINNEY #2025</u>	Fax: <u>(303) 575-0476</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77010</u>	

5. API Number <u>05-077-09611-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>NVEGA</u>	Well Number: <u>23-121</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>23</u> Township: <u>9S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>BUZZARD CREEK</u> Field Code: <u>9500</u>	

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/09/2010 End Date: 10/09/2010 Date of First Production this formation: 10/18/2010
Perforations Top: 8363 Bottom: 8436 No. Holes: 27 Hole size: 38/100

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

TREATED PERFS (1 STAGE) 23.8 BBLS 15% HCl ACID; 5332 BTW, 14 BBLS, ADDITIVES PLUS 23,166# 100 MESH SAND; 46,834# 20/40 SAND; MTP: 6077; ATP: 5954; MTR: 65 BPM; ATR 63 BPM; PLUS 40 BTW OVERFLUSH 5370 BLWTBR

NOTE: COMMINGLED TEST RESULTS ARE NOTED BELOW

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/28/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1154 Bbl H2O: 2021
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1154 Bbl H2O: 2021 GOR: 0
Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 644 Choke Size: 36/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7704 Tbg setting date: 10/18/2010 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/10/2010 End Date: 10/15/2010 Date of First Production this formation: 10/18/2010
Perforations Top: 5960 Bottom: 7728 No. Holes: 197 Hole size: 38/100

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

TREATED PERFS (9 STAGES) WITH 214.2 BBLS, 15% HCl ACID; 217.7 BBLS ADDITIVES; 92,546 BTW; 456,662# 100 MESH SAND; 1,010,318# 20/40 SAND; MTP: 4212-6081; ATP: 3179-5954; MTR, 65-75 BPM; ATR: 48-72 BPM; OVERFLUSH 360 BTW: BLWTBR: 92,978.

COMMINGLED TEST RESULTS SHOWN ABOVE.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

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 TECH Date: 9/19/2012 Email: LCOOL@DELTAPETRO.COM

Attachment Check List

Att Doc Num	Name
2237653	FORM 5A SUBMITTED
2237654	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)