

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:

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

5. API Number 05-077-09610-00
6. County: MESA
7. Well Name: NVEGA
Well Number: 23-124
8. Location: QtrQtr: SWNW Section: 23 Township: 9S Range: 93W Meridian: 6
9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

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

Treatment Date: 12/15/2010 End Date: 12/19/2010 Date of First Production this formation: _____

Perforations Top: 5892 Bottom: 7765 No. Holes: 267 Hole size: 38/100

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

TREATED PERFS (12 STAGES) W/285.6 BBLs. 15% HCl ACID; 87,028 BTW; 268.7 BBLs, ADDITIVES; PLUS 436,119# 100 MESH SAND & 916,495# 20/40 SAND. MTP: 4805-6536; ATP: 3587-5887; MTR: 53.8-67.6 BPM; ATR: 47.8-37.1 BPM; 1 BPM; BLWTBR; 87,585

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: 12/31/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 615 Bbl H2O: 1938

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 615 Bbl H2O: 1938 GOR: 0

Test Method: FLOWING Casing PSI: 550 Tubing PSI: 850 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7248 Tbg setting date: 12/22/2010 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.

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: 9/21/2012 Email: LCOOL@DELTAPETRO.COM

Attachment Check List

Att Doc Num	Name
2237655	FORM 5A SUBMITTED
2237656	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)