



121-10876

RECEIVED

FORM 6 Rev 6/99

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY
OGCC
S

WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for six months after the approval date; after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

OGCC Operator Number: 16800
Name of Operator: Delta Petroleum Corporation
Address: 370 - 17th Street, Suite 4300
City: Denver State: CO Zip: 80202
Contact Name and Telephone: Kalen C. Bauer
No: 303-575-0361
Fax: 303-575-0461
24 hour notice required, contact:
Tel:

API Number: 05-121-10876-00 OGCC Lease No.: NA Other wells this lease? [] Y [] N
Well Name: Hickert Well Number: 23-4349
Location (QtrQtr, Sec, Twp, Rng, Meridian): NE SW Section 4-T3S-R49W
County: Washington Federal, Indian or State Lease Number: Fee
Field Name: Wildcat Field Number: 99999
Complete the Attachment Checklist
Oper OGCC
Wellbore Diagram
Cement Job Summary [x]
Wireline Job Summary

[] Notice of Intent to Abandon [x] Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon
Reason for Abandonment: [x] Dry [] Production Sub-Economic [] Mechanical Problems [] Other
Casing to be Pulled [] Yes [x] No Top of Casing Cement: Surface
Fish in Hole: [] Yes [x] No If yes, explain details below Wellbore has Uncemented Casing Leaks: [] Yes [x] No If yes, explain details below
Details:

Current and Previously Abandoned Zones

Table with 6 columns: Formation, Perforations-Top, Perforations-Bottom, Date Abandoned, Method of Isolation (None, Squeezed, BP, Cement, etc.), Plug Depth

Casing History

Table with 5 columns: Casing String, Casing Size, Casing Depth, Cement Top, Stage Cement Top

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth with sacks cmt on top. CIBP #2: Depth with sacks cmt on top.
NOTE: Two (2) sacks cement Required on all CIBPs.
[] Open Hole [] Annulus
[x] Open Hole [] Annulus
[] Open Hole [] Annulus
[] Open Hole [] Annulus
[] Open Hole [] Annulus
Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing
Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing
Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing
Set 40 sacks half in, half out surface casing from 370 ft. to 270 ft.
Set 10 sacks at surface
Cut four feet below ground level, weld on plate
Set 5 sacks in rat hole Dry-Hole Marker: [] Yes [x] No
Set 5 sacks in mouse hole

Additional Plugging Information for Subsequent Report Only

Casing Recovered: 0 ft. of inch casing. Plugging Date: 9/8/05
*Wireline Contractor: NA
*Cementing Contractor: Bison Oil Well Cementing, Inc.
Type of Cement and Additives Used: BFN III 2.0% BCCA 1 .25# BFLA 1
*Attach Job Summaries.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Kalen C. Bauer Signed: Kalen C. Bauer
Title: Engineering Technician Date: 10/3/05
OGCC Approved: [Signature] Title: Engineer Date: 12/1/05
CONDITIONS OF APPROVAL, IF ANY:

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223

Phone: 307-682-9044

Fax: 307-682-9056

E-mail: bisonoil@vcn.com



4123

TREATMENT REPORT

LOCATION S of OTIS
FOREMAN J R. Doherty

DATE <u>9/1/05</u>	CUSTOMER ACCT #	WELL NAME <u>Hickory # 23-41349</u>	QTR/QTR	SECTION	TWP	RGE	COUNTY <u>Washington</u>	FORMATION
CHARGE TO <u>Delta</u>				OWNER				
MAILING ADDRESS				OPERATOR <u>Delta</u>				
CITY				CONTRACTOR - <u>Excell Rig 3</u>				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME ARRIVED ON LOCATION <u>11:00</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING SIZE <u>N/A</u>	CASING DEPTH <u>NA</u>
CASING WEIGHT <u>N/A</u>	CASING CONDITION <u>N/A</u>
TUBING SIZE <u>Dzill pipe 4 1/2"</u>	TUBING DEPTH
TUBING WEIGHT <u>Dzill pipe 16.6 #</u>	TUBING CONDITION
PACKER DEPTH	PERFORATIONS
SHOTS/FT	OPEN HOLE
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB arrive, safety meeting, est circ. Plug 1 set at 3800-3670 w/40
sls yield 118 Density 15.6; Displace 5 LBBs, Pull 6 strokes & pump. Plug 2 m/p 40 sls
set plug at 2870-2740 Displace. Plug 3 m/p pump 40 sls set at 370-270 Displace
2.5 130#, set 10 sls plug at surface, m/p 5 sls each for RAT hole and mouse hole
WASH up to pit, Rig down

DESCRIPTION OF JOB EVENTS

1st plug set at 3800-3670 w/40 sls cement	START	Pull 6-Circ w/11
2nd plug set at 2870-2740 w/40 sls cement	START 9:38	9:50 Done 0:5
3rd plug set at 370-270 1/2 m/p 40 sls cement	START 12:24	Done 12:27
4th plug set at top of surface w/10 sls cement	START 12:44	Done 12:45
pump 5 sls cement for RAT hole & 5 sls for mouse hole on the ground		

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED
[Signature]

TITLE _____ DATE 9/8/05



B.O.C. Tailgate Safety Meeting Report

P.O. Box 2223
Gillette, WY 82717-2223

INVOICE 4123

Date 9/8/05 Time 8:15 AM PM Meeting Facilitator Jim Russell
Facility Name and Location Hickory 23-4349 Work to be Undertaken plug & abandon
Nearest Emergency Medical Service Number (Other than 911) Quinn

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

- Hard Hat Safety Glasses w/sideshields Safety Toed Footwear Personal Methane Monitor Verify Safety Training
- Flame Resistant Clothing New on Job Review Onsite Orientation Other (specify) _____

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Positions of People | <input type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input type="checkbox"/> Hazardous Substance |
| <input type="checkbox"/> Falling from Heights | <input type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input checked="" type="checkbox"/> Slips/Trips/Falls | <input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input type="checkbox"/> Walking/Working Surfaces |
| <input checked="" type="checkbox"/> Extreme Heat/Cold | <input type="checkbox"/> Trapped Pressure | <input type="checkbox"/> Noise Levels |
| <input type="checkbox"/> Electrical Current | <input type="checkbox"/> Flammable/Combustible/Explosives | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Overexertion/Heavy Lifting | <input type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input type="checkbox"/> Insects/Snakes/etc. |
| <input type="checkbox"/> Spills/Releases | <input type="checkbox"/> Waste Handling/Disposal | <input type="checkbox"/> MSDS's Reviewed |
| <input type="checkbox"/> Flying Particles | <input type="checkbox"/> Excavation Collapse | <input type="checkbox"/> Walk Around Site Assessment |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Personal Fall Arrest Systems |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered: _____

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Jim Russell</u>	<u>Steve</u>
<u>Mike</u>	<u>John</u>
<u>PAT</u>	<u>Bob</u>
<u>Ed</u>	<u>Red</u>

Other Considerations and Field Notes:

[Handwritten scribbles and signatures]