

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:
2237659

Date Received:
09/27/2012

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 NDDBA 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 05-077-09553-00
6. County: MESA
7. Well Name: NVEGA
Well Number: 23-211
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: _____ End Date: _____ Date of First Production this formation: 09/29/2010

Perforations Top: 6270 Bottom: 8048 No. Holes: 228 Hole size: 38/100

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

TREATED PERFS (10 STAGES) WITH 238 BBLS. 15% HCl ACID; 74,023 BTW; 236.7 BBLS, ADDITIVES; PLUS 414,225# 100 MESH SAND & 867,958# 20/40 SAND. MTP: 4114-5914; ATP: 3893-5643; MTR: 62-67 BPM; ATR: 61-67 BPM; OVERFLUSH: 371 BBLS; 84,563 BLTBR

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: 10/11/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1632 Bbl H2O: 1411

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1632 Bbl H2O: 1411 GOR: 0

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 792 Choke Size: 34/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7498 Tbg setting date: 09/01/2010 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: 9/24/2012 Email: LCOOL@DELTAPETRO.COM

Attachment Check List

Att Doc Num	Name
2237659	FORM 5A SUBMITTED
2237660	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Oper. sub. tbg. date.	1/30/2013 2:36:31 PM
Permit	Req'd frac dates from M. Lacke with Piceance. also need tbg. setting date.	1/18/2013 9:15:48 AM
Permit	On hold for frac dates.	12/18/2012 11:08:14 AM

Total: 3 comment(s)