

Nakkhumpun, et al. v. Taylor, et al.
c/o Heffler Claims Group
P.O. Box 59028
Philadelphia, PA 19102-9028

PROOF OF CLAIM AND RELEASE

Deadline for Submission: January 29, 2016

IF YOU PURCHASED THE COMMON STOCK OF DELTA PETROLEUM CORPORATION (“DELTA”) DURING THE PERIOD MARCH 11, 2010 THROUGH NOVEMBER 9, 2011, INCLUSIVE (THE “SETTLEMENT CLASS PERIOD”), AND WERE DAMAGED THEREBY, YOU ARE A “SETTLEMENT CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A SETTLEMENT CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE (“PROOF OF CLAIM”) AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN JANUARY 29, 2016 TO HEFFLER CLAIMS GROUP, THE CLAIMS ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

Nakkhumpun, et al. v. Taylor, et al.
c/o Heffler Claims Group
P.O. Box 59028
Philadelphia, PA 19102-9028

YOUR FAILURE TO SUBMIT YOUR CLAIM BY JANUARY 29, 2016 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT’S STATEMENT

1. I (we) purchased common stock of Delta during the period March 11, 2010 through November 9, 2011, inclusive, and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase Delta common stock during the designated Settlement Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Proposed Settlement of Class Action and Settlement Hearing Thereon (the “Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to

my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proof of Claim.

4. I (we) have set forth where requested below all relevant information with respect to each transaction in Delta stock during the Settlement Class Period. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Delta stock listed below in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The requested information is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) below shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as defined in the Stipulation of Settlement.
8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at Nakkhumpun et al. v. Taylor, et al., c/o Heffler Claims Group, P.O. Box 59028, Philadelphia, PA 19102-9028 or visit their website at www.DeltaPetroleumSettlement.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.
9. RESTRICTIONS ON COMPUTING RECOGNIZED CLAIM: (1.) Shares "transferred into," "delivered into" or "received into" a claimant's account will **not** be considered as purchases of shares unless the claimant submits documentation demonstrating that the original purchase of these shares occurred during the Class Period. Also, shares purchased and subsequently "transferred out" or "delivered out" of a claimant's account will not be considered part of a claimant's claim, as the right to file for those shares belongs to the person receiving the shares and (2.) "Short" sales shall not be recognized for any amount of loss on the cover or purchase transaction, and no Recognized Claim will be computed for any such covering purchase transaction.

**MUST BE
POSTMARKED
NO LATER THAN
JANUARY 29, 2016**

In re Delta Petroleum Securities Litigation

FOR OFFICE USE ONLY

PROOF OF CLAIM AND RELEASE

I. CLAIMANT IDENTIFICATION

Complete either Part 1 or 2 and then proceed to Part 3.

Part 1 Complete this Section ONLY if the Investor is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to Part 2.

Last Name (Investor)	MI	First Name (Investor)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (Joint Beneficial Owner, if applicable)	MI	First Name (Joint Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Custodian, if applicable		
<input type="text"/>		
If this account is an UGMA, UTMA or IRA, please include "UGMA", "UTMA", or "IRA" in the "Last Name" box above (e.g., Jones IRA).		

Part 2 - Complete this Section ONLY if the Investor is an entity; i.e., corporation, trust, estate, etc. Then, proceed to Part 3.

Entity Name
<input type="text"/>
Name of Representative (Executor, administrator, trustee, corporate officer, etc.)
<input type="text"/>

Part 3 - Account/Mailing Information:

Street Address:	<input type="text"/>					
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	
Foreign Province:	<input type="text"/>	Foreign Postal Code:	<input type="text"/>			
Foreign Country:	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Area Code Telephone No. (day)	<input type="text"/>	Area Code Telephone No. (evening)	<input type="text"/>			
Email:	<input type="text"/>					
Check Appropriate Box:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Owners	<input type="checkbox"/> IRA	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____
<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (for individuals)	<input type="text"/>	Employer Identification Number (for estates, trusts, corps, etc)	<input type="text"/>			

The Internal Revenue Service ("I.R.S.") requires either your social security number or taxpayer identification number. If you fail to provide this information, your claim may be rejected.



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II. SCHEDULE OF TRANSACTIONS IN DELTA STOCK

Beginning Holdings:

A. State the total number of shares of Delta common stock owned at the close of trading on July 6, 2010, long or short (*must be documented*).

Purchases During the Settlement Class Period:

B. Separately list each and every purchase of Delta common stock during the period from July 7, 2010, through November 9, 2011, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) <u>Month/Day/Year</u>	Number of Shares Purchased	Purchase Price Per Share	Total Cost (excluding commissions, taxes and fees)
1.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total number of shares of purchased during the period from July 7, 2010 through November 9, 2011, inclusive

Sales During the Settlement Class Period:

C. Separately list each and every sale of Delta common stock during the period from July 7, 2010, through November 9, 2011, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) <u>Month/Day/Year</u>	Number of Shares Sold	Sale Price Per Share	Amount Received (excluding commissions, taxes and fees)
1.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4.) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total number of shares of sold during the period from July 7, 2010 through November 9, 2011, inclusive

D. State the total number of shares of Delta common stock owned at the close of trading on November 9, 2011, long or short (*must be documented*).

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.



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III. CERTIFICATION

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (we) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date: _____

IV. SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected or you may be subject to backup withholding.

□□□□ - □□ - □□□□

OR

□□ - □□□□□□□□

Social Security Number (for individuals)

Employer Identification Number (for estates, trusts, corps, etc)

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JANUARY 29, 2016 AND MUST BE MAILED TO:

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A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 29, 2016 and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim on page 3 above. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

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