

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:

400492327

Date Received:

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: 19035
2. Name of Operator: OVERLAND RESOURCES LLC
3. Address: 5600 S QUEBEC ST #110-A
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Greg Pandolfo
Phone: (303) 800-6175
Fax: (720) 204-4078
Email: greg@overlandresourcesllc.com

5. API Number 05-001-09745-00
6. County: ADAMS
7. Well Name: Handke
Well Number: 4
8. Location: QtrQtr: SWSE Section: 10 Township: 3S Range: 64W Meridian: 6
9. Field Name: SONAR Field Code: 77635

Completed Interval

FORMATION: D SAND Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/08/2012 End Date: 08/08/2012 Date of First Production this formation:
Perforations Top: 8089 Bottom: 8095 No. Holes: 13 Hole size: 042/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 1667 Max pressure during treatment (psi): 4812
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 13.47
Type of gas used in treatment: Min frac gradient (psi/ft): 0.70
Total acid used in treatment (bbl): Number of staged intervals: 8
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 1667 Disposition method for flowback:
Total proppant used (lbs): 100360 Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: PRESSURE

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.

FORMATION: J SAND Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/12/2012 End Date: 07/12/2012 Date of First Production this formation:
Perforations Top: 8164 Bottom: 8179 No. Holes: 16 Hole size: 042/100

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

20011 gal of FR-66 Water Claweb vicon.
5009 gal of pHaserFrac 20 visc.
39344 gal of pHaserFrac 20 visc carrying 983.06 100*lb of SAND - PREMIUM - 20/40, BULK, SK (100003678).
5313 gal of Fresh Water GP CW.
The average BH treating rate was 29.8 bpm and average WH pressure was 2686 psi.
The total liquid load to recover is 69677 gal

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 1659 Max pressure during treatment (psi): 3505
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 12.31
Type of gas used in treatment: Min frac gradient (psi/ft): 0.64
Total acid used in treatment (bbl): Number of staged intervals: 7
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 1659 Disposition method for flowback:
Total proppant used (lbs): 100040 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

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: Gregory Pandolfo
Title: Manager Date: Email greg@overlandresourcesllc.com

Attachment Check List

Att Doc Num	Name
400624395	OPERATIONS SUMMARY
400624406	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)