

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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Document Number: 400645977

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 4. Contact Name: Greg Pandolfo  
 2. Name of Operator: OVERLAND RESOURCES LLC Phone: (303) 800-9175  
 3. Address: 5600 S QUEBEC ST #110-A Fax: (720) 204-4078  
 City: GREENWOOD State: CO Zip: 80111 Email: greg@overlandresourcesllc.com

5. API Number 05-005-06545-00 6. County: ARAPAHOE  
 7. Well Name: Schmidt Well Number: 3  
 8. Location: QtrQtr: NENW Section: 8 Township: 5S Range: 62W Meridian: 6  
 9. Field Name: DRAGOON Field Code: 18850

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB  
 Treatment Date: 06/12/2014 End Date: 06/17/2014 Date of First Production this formation: 08/01/1972  
 Perforations Top: 7466 Bottom: 7478 No. Holes: 48 Hole size: 3/8

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

Reperforated the J Sand formation form 7466-7478 using deep charges at 4spf. Followed reperf with tubing hydrotest. 35 bbl acid used followed by 7 bbl fresh water.

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): 35 Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): 7 Disposition method for flowback: DISPOSAL  
 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: \_\_\_\_\_ 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:

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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  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400651006	OPERATIONS SUMMARY

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)