

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:

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
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) 800-9175
Fax: (720) 204-4078
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: DRAGON 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

Att Doc Num

Name

400651006

OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)