

FORM
5
Rev
02/08

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:
400671209

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 19035 4. Contact Name: Gregory Pandlfo
 2. Name of Operator: OVERLAND RESOURCES LLC Phone: (303) 800-6175
 3. Address: 5600 S QUEBEC ST #110-A Fax: (720) 204-4078
 City: GREENWOOD State: CO Zip: 80111

5. API Number 05-001-09744-00 6. County: ADAMS
 7. Well Name: Handke Well Number: 3
 8. Location: QtrQtr: SESE Section: 10 Township: 3S Range: 64W Meridian: 6
 Footage at surface: Distance: 638 feet Direction: FSL Distance: 634 feet Direction: FEL
 As Drilled Latitude: 39.798486 As Drilled Longitude: -104.529354

GPS Data:
Date of Measurement: 07/13/2012 PDOP Reading: 4.9 GPS Instrument Operator's Name: Robert Anderson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: SONAR 10. Field Number: 77635

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/16/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/23/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8161 TVD** _____ 17 Plug Back Total Depth MD 8114 TVD** _____

18. Elevations GR 5452 KB 5467 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	1,830	1,100	0	1,830	CBL
1ST	7+7/8	4+1/2	11.6	0	8,114	270	6,120	8,114	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
J-NIOBRARA	7,204		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,543		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,940		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,994		<input type="checkbox"/>	<input type="checkbox"/>	

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400671596	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400671420	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)