

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400671093

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 Pandolfo
 2. Name of Operator: OVERLAND RESOURCES LLC Phone: (303) 8006175
 3. Address: 5600 S QUEBEC ST #110-A Fax: (720) 2044078
 City: GREENWOOD State: CO Zip: 80111

5. API Number 05-001-09745-00 6. County: ADAMS
 7. Well Name: Handke Well Number: 4
 8. Location: QtrQtr: NWSE Section: 10 Township: 3S Range: 64W Meridian: 6
 Footage at surface: Distance: 615 feet Direction: FSL Distance: 633 feet Direction: FEL
 As Drilled Latitude: 39.800305 As Drilled Longitude: -104.533222

GPS Data:

Date of Measurement: 01/24/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: Robert Anderson

** If directional footage at Top of Prod. Zone Dist.: 1256 feet. Direction: FSL Dist.: 1693 feet. Direction: FEL

Sec: 10 Twp: 3S Rng: 64W

** If directional footage at Bottom Hole Dist.: 1286 feet. Direction: FSL Dist.: 1723 feet. Direction: FEL

Sec: 10 Twp: 3S Rng: 64W

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: 06/04/2012 14. Date Casing Set or D&A: 06/04/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8305 TVD** 8180 17 Plug Back Total Depth MD 8260 TVD** 8134

18. Elevations GR 5445 KB 5460

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	1,770	150	0	1,770	CALC
1ST	7+7/8	4+1/2	11.6	0	8,134	200	7,800	8,260	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	
NIOBRARA	7,338		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,683		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,708		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,088		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,141		<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>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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>			
400671416	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400671599	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)