

FORM  
5Rev  
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&amp;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

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

Total: 0 comment(s)