

FORM
5
Rev
09/14

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:
400671093

Date Received:
08/22/2014

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

OGCC Operator Number: 19035 Contact Name: Gregory Pandolfo
 Name of Operator: OVERLAND RESOURCES LLC Phone: (303) 8006175
 Address: 5600 S QUEBEC ST #110-A Fax: (720) 2044078
 City: GREENWOOD State: CO Zip: 80111

API Number 05-001-09745-00 County: ADAMS
 Well Name: Handke Well Number: 4
 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: 39.798415 As Drilled Longitude: -104.529339

GPS Data:
 Date of Measurement: 08/01/2012 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

Field Name: SONAR Field Number: 77635
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/16/2012 Date TD: 06/04/2012 Date Casing Set or D&A: 06/04/2012
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 8305 TVD** 8180 Plug Back Total Depth MD 8260 TVD** 8134

Elevations GR 5445 KB 5460 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Triple Combo, CBL

CASING, LINER AND CEMENT

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,338		NO	NO	
FORT HAYS	7,683		NO	NO	
CARLILE	7,708		NO	NO	
D SAND	8,088		NO	NO	
J SAND	8,141		NO	NO	

Comment:

Resubmission of Form 5 with corrections.

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: 8/22/2014 Email: greg@overlandresourcesllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400699204	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400699209	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400671093	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699198	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699252	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699270	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699288	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699292	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft: as drilled GPS incorrect. Oper. needs to upload PDF & LAS versions of Triple Combo log, PDF of CBL and mud log if run. Oper. needs to upload Xcel directional template with complete set of values and attach PDF of directional survey with side/plan views. Attach surface cement job summary.	9/26/2014 7:44:52 AM

Total: 1 comment(s)