

FORM  
5Rev  
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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)