

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 19035 2. Name of Operator: OVERLAND RESOURCES LLC 3. Address: SUITE C18 PMB 440 City: GREENWOOD State: CO Zip: 80121 4. Contact Name: Gregory Pandolfo Phone: (303) 800-6175 Fax: (720) 204-4078 Email: greg@overlandresourcesllc.com

5. API Number 05-005-06325-00 6. County: ARAPAHOE 7. Well Name: SCHMIDT Well Number: 2 8. Location: QtrQtr: NENE Section: 8 Township: 5S Range: 62W Meridian: 6 9. Field Name: DRAGON Field Code: 18850

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: ACID JOB Treatment Date: 06/17/2014 End Date: 06/24/2014 Date of First Production this formation: 04/29/1972 Perforations Top: 7377 Bottom: 7389 No. Holes: 24 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: [] Formation D Sand was reperforated 2 spf from 7377-7389, followed by Acid job; 1000 gal 10% acedic acid pumped downhole, follwed by 12 bbls treated water.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): 23 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 12 Disposition method for flowback: DISPOSAL Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt ** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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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: 7/25/2014 Email: greg@overlandresourcesllc.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400645969	FORM 5A SUBMITTED
400651003	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)