

FORM
5ARev
06/12

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:

400645977

Date Received:

07/25/2014

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 4. Contact Name: Greg Pandolfo
 2. Name of Operator: OVERLAND RESOURCES LLC Phone: (303) 800-9175
 3. Address: SUITE C18 PMB 440 Fax: (720) 204-4078
 City: GREENWOOD State: CO Zip: 80121 Email: greg@overlandresourcesllc.com

5. API Number 05-005-06545-00 6. County: ARAPAHOE
 7. Well Name: Schmidt Well Number: 3
 8. Location: QtrQtr: NENW Section: 8 Township: 5S Range: 62W Meridian: 6
 9. Field Name: DRAGON Field Code: 18850

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 06/12/2014 End Date: 06/17/2014 Date of First Production this formation: 08/01/1972
 Perforations Top: 7466 Bottom: 7478 No. Holes: 48 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Reperforated the J Sand formation from 7466-7478 using deep charges at 4spf. Followed reperf with tubing hydrotest. 35 bbl acid used followed by 7 bbl fresh water.

This formation is commingled with another formation: ☐ Yes ☒ 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): 35

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 7Disposition 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

Att Doc Num **Name**

400645977	FORM 5A SUBMITTED
400651006	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)