

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:

400619949

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: Robert Anderson

2. Name of Operator: OVERLAND RESOURCES LLC

Phone: (512) 791-2818

3. Address: 5600 S QUEBEC ST #110-A

Fax: (720) 204-4078

City: GREENWOOD State: CO Zip: 80111

5. API Number 05-001-07807-00

6. County: ADAMS

7. Well Name: GARY-STATE

Well Number: 36-16

8. Location: QtrQtr: SESE Section: 36 Township: 2S Range: 64W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 39.826860 As Drilled Longitude: -104.491660

## GPS Data:

Date of Measurement: 09/22/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Robert Anderson

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: RADAR

10. Field Number: 71300

11. Federal, Indian or State Lease Number: 79-4056-S

12. Spud Date: (when the 1st bit hit the dirt) 03/13/1981 13. Date TD: 03/26/1981 14. Date Casing Set or D&amp;A: 03/27/1981

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7941 TVD\*\* 17 Plug Back Total Depth MD 7893 TVD\*\*

18. Elevations GR 5365 KB 5376

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:

Dual Induction Laterolog, Compensated-Formation Density on file.  
CBL Run 06/03/2014 after attempted repairs.

## 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	242	220	0		CALC
1ST	7+7/8	4+1/2	10.5#	0	7,920	150	0		CALC

## 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:

This was routine well service to determine cause of decreased production. Casing holes were found at 3434'-3369'. Squeeze job was performed but in the process of attempting to drill through the new cement, additional holes were created at 3247'. A second squeeze job was performed but access to well bottom was not achievable. Bond log is post repair and squeeze attempts. Goal is to PA this well. Am hoping for plugging orders as rig is currently available.

Attached documents should provide more specifics.

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	
D SAND	7,776	7,786	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This was routine well service to determine cause of decreased production. Casing holes were found at 3434'-3369'. Squeeze job was performed but in the process of attempting to drill through the new cement, additional holes were created at 3247'. A second squeeze job was performed but access to well bottom was not achievable. Bond log is post repair and squeeze attempts. Goal is to PA this well. Am hoping for plugging orders as rig is currently available.

Attached documents should provide more specifics.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Robert Anderson

Title: Operations Date: \_\_\_\_\_ Email: admin@overlandresourcesllc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400620853	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400620844	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400620851	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400620852	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)