

FORM  
5A

Rev  
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:

400671203

Date Received:

08/22/2014

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

5. API Number <u>05-001-09744-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Handke</u>	Well Number: <u>3</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>10</u> Township: <u>3S</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>SONAR</u> Field Code: <u>77635</u>	

### Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/22/2013 End Date: 01/25/2013 Date of First Production this formation: 04/04/2013  
Perforations Top: 7942 Bottom: 7950 No. Holes: 28 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole:

10 stages: 26036 gal of WATER FRAC G 30# - SBM (15347).  
19832 gal of WATER FRAC G 30# - SBM (15347) carrying 323.76 100\*lb of SAND - STANDARD - 20/40, 100 LB, SK (100003628).  
The average BH treating rate was 20.0 bpm and average WH pressure was 2567 psi.  
The total liquid load to recover is 45868 gal.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 1130

Max pressure during treatment (psi): 4131

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 9.62

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl): 23

Number of staged intervals: 10

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 1092

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 32376

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 02/14/2013 Hours: 24 Bbl oil: 2 Mcf Gas: 40 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 40 Bbl H2O: 7 GOR: 23529

Test Method: Plunger Casing PSI: 240 Tubing PSI: 190 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1514 API Gravity Oil: 50

Tubing Size: 2 + 3/4 Tubing Setting Depth: 7930 Tbg setting date: 01/25/2013 Packer Depth: 7771

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:

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	Name
400671203	FORM 5A SUBMITTED
400671208	OTHER
400671593	CEMENT JOB SUMMARY

Total Attach: 3 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 reporting okay.	3/9/2014 8:19:03 AM

Total: 1 comment(s)