

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400646336

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  
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 05-005-06876-00  
6. County: ARAPAHOE  
7. Well Name: STATE-CRAIG  
Well Number: 3-16  
8. Location: QtrQtr: SWSE Section: 16 Township: 5S Range: 62W Meridian: 6  
9. Field Name: PRONGHORN Field Code: 70650

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 07/02/2014 End Date: 07/07/2014 Date of First Production this formation: 07/15/1984  
Perforations Top: 7384 Bottom: 7390 No. Holes: 24 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Reperforated D Sand 7384-7390 4spf. Acidized 1500 Gal 10% Acedic Acid with inhibitors and surfactants, followed by 300 gal treated flush

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): 7

Disposition method for flowback:

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.

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 07/02/2014 End Date: 07/07/2014 Date of First Production this formation: 07/14/1984

Perforations Top: 7404 Bottom: 7453 No. Holes: 24 Hole size: 3/8

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

Reperforated J Sand 7404-7410, 7448-7453 4spf. Acidized 1500 Gal 10% Acedic Acid with inhibitors and surfactants, followed by 300 gal treated flush

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): 72 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 14 Disposition method for flowback: \_\_\_\_\_

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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Greg

Title: Pandolfo Date: 7/25/2014 Email: greg@overlandresourcesllc.com

**Attachment Check List**

Att Doc Num	Name
400646336	FORM 5A SUBMITTED
400651008	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Combined 2 Jsand panels. Pass	12/06/2018

Total: 1 comment(s)