

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



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 05-005-06876-00 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 [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): 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)