

FORM
5A

Rev
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



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Document Number:

400277679

Date Received:

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: 66561

2. Name of Operator: OXY USA INC

3. Address: PO BOX 27757

City: HOUSTON

State: TX

Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

5. API Number 05-045-10975-00

6. County: GARFIELD

7. Well Name: LOGAN TRAIL FEDERAL

Well Number: 28-11

8. Location: QtrQtr: NESE Section: 28

Township: 7S

Range: 97W

Meridian: 6

9. Field Name: GRAND VALLEY

Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK

Status: SHUT IN

Treatment Date: 10/28/2011

Date of First Production this formation:

Perforations Top: 3825 Bottom: 4349 No. Holes: 664 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

5 stages of slickwater frac

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3757 Tbg setting date: 11/11/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 4460 Sacks cement on top: 2

Comment:

Form 5A to report frac'ing operations on the Logan Trail Federal 28-11 well as part of the operational process to convert this well to an SWD.

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

Signed:

Print Name: Joan Proulx

Title: Regulatory Analyst

Date:

Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400277693	WELLBORE DIAGRAM
400277697	CEMENT JOB SUMMARY
400277698	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)