

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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)