

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: 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 05-045-10976-00 6. County: GARFIELD 7. Well Name: LOGAN TRAIL FEDERAL Well Number: 28-10 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: INJECTING Treatment Type: ACID JOB

Treatment Date: 11/07/2012 End Date: 11/12/2012 Date of First Production this formation:

Perforations Top: 3420 Bottom: 3835 No. Holes: 174 Hole size: 34/100

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

Well was re-perf'd and an acid job was performed.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 484 Max pressure during treatment (psi): 2028

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): 53 Number of staged intervals: 2

Recycled water used in treatment (bbl): 51 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 380 Disposition method for flowback: RECYCLE

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]

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: 2 + 3/8 Tubing Setting Depth: 3364 Tbg setting date: 11/12/2012 Packer Depth: 3353

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: Joan Proulx

Title: Regulatory Analyst Date: 11/29/2012 Email joan\_proulx@oxy.com  
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**Attachment Check List**

Att Doc Num	Name
400351591	FORM 5A SUBMITTED

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

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