



U.S. Department of the Interior
BUREAU OF LAND MANAGEMENT

Well Completion Print

04/17/2025

Operator Name OXY USA INCORPORATED	Well Name TOP SPOT 12- 13 FEDERAL COM	Well Number 25H	US Well Number 3001547639
SHL SWSE Sec 13 22S 31E	County EDDY	State NM	Lease Number(s) NMNM29233
Well Type OIL WELL	Well Status Producing Oil Well	Agreement Name	Agreement Number(s)
Allottee/Tribe Name	Well Pad Name LSTTNK	Well Pad Number 1302	APD ID 10400055659

Section 1 - General

Well Completion Report Id: 94109**Submission Date:** 12-30-2024**BLM Office:** Carlsbad Field Office**User:** SANDY SEUTTER**Title:** Regulatory**Federal/Indian:** FEDERAL**Lease Number:** NMNM65418**Lease Acres:****Agreement in place?:** NO**Federal or Indian Agreement:****Agreement Number:****Agreement Name:****Additional Information****Keep this Well Completion Report confidential?:** YES**APD Operator:** OXY USA
INCORPORATED

Section 2 - Well

Field/Pool or Exploratory:**Pool Name:** BONE SPRING**Field Name:** BILBREY BASIN**Well Type:** OIL WELL**Spud Date:** 06-18-2024**Date Total Measured Depth Reached:** 07-17-2024**Drill & Abandon or Ready To Produce:** READY TO PRODUCE**Well Class:** HORIZONTAL

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Section 3 - Geologic

Formation Name	Lithology	Describe Lithology	Elevation	TVD	MD	Mineral Resources	Describe Mineral
RUSTLER	ANHYDRITE, DOLOMITE, SHALE		2769	840	840	USEABLE WATER	
SALADO	ANHYDRITE, DOLOMITE, HALITE, SHALE		2469	1140	1140	OTHER	SALT
CASTILE	ANHYDRITE		721	2887	2887	OTHER	SALT
DELAWARE	LIMESTONE, SANDSTONE, SILTSTONE		-895	4502	4504	NATURAL GAS, OIL, OTHER	OIL/GAS/BRINE
BELL CANYON	SANDSTONE, SILTSTONE		-926	4533	4535	NATURAL GAS, OIL, OTHER	OIL/GAS/BRINE
CHERRY CANYON	SANDSTONE, SILTSTONE		-1811	5419	5426	NATURAL GAS, OIL, OTHER	OIL/GAS/BRINE
BRUSHY CANYON	SANDSTONE, SILTSTONE		-3043	6651	6697	NATURAL GAS, OIL, OTHER	OIL/GAS/BRINE
BONE SPRING	LIMESTONE, SANDSTONE, SILTSTONE		-4781	8389	8476	NATURAL GAS, OIL	
BONE SPRING 1ST	LIMESTONE, SANDSTONE, SILTSTONE		-5933	9541	9635	NATURAL GAS, OIL	
BONE SPRING 2ND	LIMESTONE, SANDSTONE, SILTSTONE		-6525	10132	10253	NATURAL GAS, OIL	

Completion and Completed

Completion Data

Wellbore Code	Completion Code	Interval Number	Case Number	Lease Number	Well Completion Type	Describe Well Completion Type	Completion Status	Date Completed	Date First Produced	Formation	Interval Top (MD)	Interval Bottom (MD)	Interval Perforated?	Perforation Size	Number of Holes	Status of Interval
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Completion Data

Wellbore Code	Completion Code	Interval Number	Case Number	Lease Number	Well Completion Type	Describe Well Completion Type	Completion Status	Date Completed	Date First Produced	Formation	Interval Top (MD)	Interval Bottom (MD)	Interval Perforated?	Perforation Size	Number of Holes	Status of Interval
00	S1	1	NMNM29233	NMNM29233	NEW		POW	08-27-2024	08-30-2024	BONE SPRING 2ND	10598	20593	Y	.41	1188	OPEN

Treatment Data

Wellbore Code	Completion Code	Interval Number	Interval Treated?	Treatment Type	Totle Fluid (bbls)	Total Proppant (lbs)	Treatment Remarks
00	S1	1	Y	FRAC	347267	24840926	Frac in 36 stages w/ 344766BBL Produced Water + 2501BBL Brackish Water (> 1,000 mg/l TDS and < 10,000 mg/l TDS) w/ 24840926# sand.

Production Data

Wellbore Code	Completion Code	Interval Number	API Oil Gravity	Gas Gravity	Production Method	Describe Production	Disposition of Gas	Describe Disposition
00	S1	1			GAS LIFT		SOLD	

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Test Data

Wellbore Code	Completion Code	Interval Number	Test Date	Hours Tested	24-Hour Rate Oil (bbls)	24-Hour Rate Gas (MCF)	24-Hour Rate Water(BWPD)	Gas-Oil Ratio (SCF/Bbl)	Choke Size	Tubing Pressure	Tubing Pressure Shut-In (psi)	Casing Pressure (psi)
00	S1	1	09/12/2024	24	2710	2955	5042	1090				1083

Well Location

Survey Type: RECTANGULAR

Survey Number:

Datum: NAD83

Vertical Datum: NAVD88

Reference Datum: GL

	State	Meridian	County	Latitude	Longitude	Elevation (MSL)	MD (ft)	TVD (ft)	Lease Type	Lease Number	Plug TVD (ft)	Plug MD (ft)	Plug Type	NS-Foot	NS-Indicator	EW-Foot	EW-Indicator	Township	Range	Section	Aliquo/Lot/Tract
SHL	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.385677	-103.727401	3584	N/A	N/A	FEDERAL	NMNM29233				520	FSL	1375	FEL	22S	31E	13	SWSE
KOP Well bore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.384382	-103.729857	-6109	9787	9693	FEDERAL	NMNM29233				48	FSL	2133	FEL	22S	31E	13	SWSE
PPP Well bore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.385379	-103.730115	-6734	10598	10318	FEDERAL	NMNM29233				411	FSL	2213	FEL	22S	31E	13	SWSE
EXIT Well bore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.412791	-103.730012	-6839	20593	10423	FEDERAL	NMNM12845				179	FNL	2184	FEL	22S	31E	12	NWNE

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Aliquot/Lot/Tract	Section	Range	Township	EW-Indicator	EW-Foot	NS-Indicator	NS-Foot	Plug Type	Plug MD (ft)	Plug TVD (ft)	Lease Number	Lease Type	TVD (ft)	MD (ft)	Elevation (MSL)	Longitude	Latitude	County	Meridian	State	
NWNE	12	31E	22S	FEL	218 2	FNL	52				NMNM 12845	FEDER AL	104 23	207 20	-6839	-103.73 0003	32.413 14	EDDY	NEW MEXICO PRINCIPA L	NEW MEXICO	BHL Well bore 00

Casing, Liner and Tubing

Casing and Liner

Amount Pulled (ft)	Other Joint	Joint	Describe Other Casing Grade	Casing Grade	Wt(lbs/ft)	Casing Size	Bottom Setting Depth (MD)	Top Setting Depth (MD)	Hole Size	Casing String Type	Wellbore Code
		BUTT		J-55	54.5	13.375	875	0	17.5	SURFACE	00
		BUTT		L-80	26.4	7.625	9830	0	9.875	INTERME DIATE	00
	ICY Wedge 461	OTHER		P-110	20	5.5	20700	0	6.75	PRODUCT ION	00

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Cementing

Wellbore Code	Casing String Type	Stage Tool Depth	Cement Lead Type	Cement Lead Qty (sks)	Cement Lead Yield (cu.ft/sks)	Cement Lead Top (MD)	Cement Tail Type	Cement Tail Qty (sks)	Cement Tail Yield(cu.ft/sks)	Cement Tail Top (MD)	Total (Lead + Tail) Cement Slurry Volume
00	SURFACE		CI C	1340	1.34	0					319.8
00	INTERMEDIATE		CI C	1019	1.79	0	CI H	495	1.35	0	1265.4
00	INTERMEDIATE		CI C	312	1.98	0	CI C	278	1.35	0	1265.4
00	PRODUCTION		CI H	637	1.84	8466					208.7

Tubing

Wellbore Code	Tubing Size	Describe Other	Tubing Setting Depth (MD/ft)	Packer Depth (MD/ft)	Tubing Weight	Tubing Grade	Describe Other	Tubing Coupling	Describe Other
00	2.375		10289		5	L-80			

Logs

Wellbore Code	Log Upload	Was Well Cored?	Was DST Run?	Directional Survey?	Geologic Report	Wellbore Diagram
00	YES	NO	NO	YES	NO	YES

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Operator

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. Electronic submission of Well Completion Reports through this system satisfies regulations requiring a submission of Form 3160-4 or a Well Completion Report.

Name: OXY USA INCORPORATED

Signed By: SANDY SEUTTER

Title: Regulatory

Signed on: 12/30/2024

Street Address: 1600 GEHRING DR

City: MIDLAND

State: TX

Zip: 79706

Phone: (432)247-3837

Email address: SANDY_SEUTTER@OXY.COM

Field

Representative Name:

Street Address:

City:

State:

Zip:

Phone:

Extension:

Email address:

Attachments

TopSpot12_13FedCom25H_AsDrilledC102_20241230131022.pdf

TopSpot12_13FedCom25H_CBL_20241230131047.pdf

TopSpot12_13FedCom25H_GammaRay_20241230131057.pdf

TopSpot12_13FedCom25H_FinalDirectionalSurvey_20241230131110.pdf

TopSpot12_13FedCom25H_WBD_20241230131125.pdf

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- TopSpot12_13FedCom25H_AsDrilledC102_20241230131022.pdf
- TopSpot12_13FedCom25H_CBL_20241230131047.pdf
- TopSpot12_13FedCom25H_GammaRay_20241230131057.pdf
- TopSpot12_13FedCom25H_FinalDirectionalSurvey_20241230131110.pdf
- TopSpot12_13FedCom25H_WBD_20241230131125.pdf

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other b. Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Zones <input type="checkbox"/> Hydraulic Fracturing Other: _____								5. Lease Serial No.	
								6. If Indian, Allottee or Tribe Name	
2. Name of Operator								7. Unit or CA Agreement Name and No.	
								8. Well Name and Well No.	
3. Address				3a. Phone No. (Include area code)				9. API Well No.	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface At top prod. interval reported below At total depth								10. Field and Pool or Exploratory	
								11. Sec., T., R., M., on Block and Survey or Area	
								12. County or Parish	13. State
14. Date Spudded 06/14/2024		15. Date T.D. Reached		16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)*			
18. Total Depth: MD TVD			19. Plug Back T.D.: MD TVD			20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)						22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)			
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
24. Tubing Record									
Size	Dept Set (MD)	Packer Dept (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
25. Producing Intervals					26. Perforation Record				
Formation		Top		Bottom	Perforated Interval	Size	No. Holes	Perf. Status	
A)									
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Post hydraulic fracturing chemical disclosures on FracFocus.org when required by state or federal regulation									
Depth Interval		Amount, Type of Material and Date of Chemical Disclosure upload on FracFocus.org as applicable							
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			➡						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						
28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			➡						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API.	Gas Gravity	Production Method
			➡						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API.	Gas Gravity	Production Method
			➡						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						

29. Disposition of Gas (*Solid, used for fuel, vented, etc.*)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth

32. Additional remarks (include plugging procedure).

Sundry 2781807 has drill plan updates. Back build proposed but AD C102 shows KOP within same lease as SHL. Footages within tolerance.

APPROVED**By Allison Morency at 8:40 am, Apr 17, 2025**

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☐ Directional Survey
- ☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (*please print*) _____ Title _____

Signature _____ Date _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on page 3)

(Form 3160-4, page 2)

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wells on Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEM 4: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 17: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 23: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

NOTICES

The Privacy Act of 1974 and the regulation in 43 CFR 2.48 (d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. et seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling and completing/recompleting operations on an oil and gas lease.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Mail Stop 401 LS, Washington, D.C. 20240.

Additional Information

Location information: 00S1

SHL: SWSE / 520 FSL / 1375 FEL / TWSP: 22S / RNG: 31E / SEC: 13 / LAT: 32.385677 / LONG: -103.727401

KOP: SWSE / 48 FSL / 2133 FEL / TWSP: 22S / RNG: 31E / SEC: 13 / LAT: 32.384382 / LONG: -103.729857

PPP: SWSE / 411 FSL / 2213 FEL / TWSP: 22S / RNG: 31E / SEC: 13 / LAT: 32.385379 / LONG: -103.730115

EXIT: NWNE / 179 FNL / 2184 FEL / TWSP: 22S / RNG: 31E / SEC: 12 / LAT: 32.412791 / LONG: -103.730012

BHL: NWNE / 52 FNL / 2182 FEL / TWSP: 22S / RNG: 31E / SEC: 12 / LAT: 32.41314 / LONG: -103.730003

Additional Cement Segments for Casings: 00S1

Hole Size: 9.875, Size/Grade: 7.625 / L-80, Wt. (#ft): 26.4, Top (MD): 0, Bottom (MD): 9830

Cementing/Segment - Stage Cementer Depth: null, No of Sks: 1019.0, Type of Cement: Cl C, Slurry
Vol BBL: 1265.4, Cement Lead Top: 0.0, Amount Pulled: null ; Cement Tail Type: Cl H, Cement Tail
Qty (sks): 495.0, Cement Tail Yield (cu.ft/sks): 1.35, Cement Tail Top (MD): 0.0

Cementing/Segment - Stage Cementer Depth: null, No of Sks: 312.0, Type of Cement: Cl C, Slurry
Vol BBL: 1265.4, Cement Lead Top: 0.0, Amount Pulled: null ; Cement Tail Type: Cl C, Cement Tail
Qty (sks): 278.0, Cement Tail Yield (cu.ft/sks): 1.35, Cement Tail Top (MD): 0.0

Summary of Porous Zones Information:

Formation: BRUSHY CANYON, Descriptions, Contents, etc: , Bottom: 6697

Formation: BONE SPRING, Descriptions, Contents, etc: , Bottom: 8476

Formation: BONE SPRING 1ST, Descriptions, Contents, etc: , Bottom: 9635

Formation: BONE SPRING 2ND, Descriptions, Contents, etc: , Bottom: 10253

Attachments: 00S1

Log Attachments:

- 1) TopSpot12_13FedCom25H_WBD_20241230131125.pdf
- 2) TopSpot12_13FedCom25H_AsDrilledC102_20241230131022.pdf
- 3) TopSpot12_13FedCom25H_CBL_20241230131047.pdf
- 4) TopSpot12_13FedCom25H_GammaRay_20241230131057.pdf
- 5) TopSpot12_13FedCom25H_FinalDirectionalSurvey_20241230131110.pdf

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

ACKNOWLEDGMENTS

Action 454351

ACKNOWLEDGMENTS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 454351
	Action Type: [C-105] Well (Re)Completion (C-105)

ACKNOWLEDGMENTS

<input checked="" type="checkbox"/>	I hereby certify that the required Water Use Report has been, or will be, submitted for this wells completion.
<input checked="" type="checkbox"/>	I hereby certify that the required FracFocus disclosure has been, or will be, submitted for this wells completion.
<input checked="" type="checkbox"/>	I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/oed/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 454351

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 454351
	Action Type: [C-105] Well (Re)Completion (C-105)

CONDITIONS

Created By	Condition	Condition Date
plmartinez	None	7/31/2025