



# Well Completion Print

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

07/08/2025

<b>Operator Name</b> OXY USA INCORPORATED	<b>Well Name</b> TAILS CC 10_3 FED COM	<b>Well Number</b> 31H	<b>US Well Number</b> 3001548881
<b>SHL</b> SESW Sec 10 24S 29E	<b>County</b> EDDY	<b>State</b> NM	<b>Lease Number(s)</b> NMNM81616
<b>Well Type</b> OIL WELL	<b>Well Status</b> Drilling Well	<b>Agreement Name</b>	<b>Agreement Number(s)</b>
<b>Allottee/Tribe Name</b>	<b>Well Pad Name</b> CEDCAN	<b>Well Pad Number</b> 1005	<b>APD ID</b> 10400066716

## Section 1 - General

**Well Completion Report Id:** 87506

**Submission Date:** 03-01-2023

**BLM Office:** Carlsbad Field Office

**User:** JANA MENDIOLA

**Title:** Regulatory Advisor

**Federal/Indian:** FEDERAL

**Lease Number:** NMNM81616

**Lease Acres:**

**Agreement in place?:** NO

**Federal or Indian Agreement:**

**Agreement Number:**

**Agreement Name:**

### Additional Information

**Keep this Well Completion Report confidential?:** NO

**APD Operator:** OXY USA INCORPORATED

## Section 2 - Well

**Field/Pool or Exploratory:**

**Pool Name:** WOLFCAMP

**Field Name:** PURPLE SAGE

**Well Type:** OIL WELL

**Spud Date:** 12-18-2021

**Date Total Measured Depth Reached:** 03-30-2022

**Drill & Abandon or Ready To Produce:** READY TO PRODUCE

**Well Class:** HORIZONTAL

<b>Operator Name</b> OXY USA INCORPORATED	<b>Well Name</b> TAILS CC 10_3 FED COM	<b>Well Number</b> 31H	<b>US Well Number</b> 3001548881
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### Section 3 - Geologic

Formation Name	Lithology	Describe Lithology	Elevation	TVD	MD	Mineral Resources	Describe Mineral
RUSTLER	ANHYDRITE, DOLOMITE, SHALE		2940	196	196	USEABLE WATER	
SALADO	ANHYDRITE, DOLOMITE, HALITE, SHALE		2308	474	474	OTHER	Salt
CASTILE	ANHYDRITE		1493	1384	1384	OTHER	Salt
DELAWARE	LIMESTONE, SANDSTONE, SILTSTONE		-25	2962	2962	NATURAL GAS, OIL, OTHER	Brine
BELL CANYON	SANDSTONE, SILTSTONE		-40	2985	2985	NATURAL GAS, OIL, OTHER	Brine
CHERRY CANYON	SANDSTONE, SILTSTONE		-881	3847	3847	NATURAL GAS, OIL, OTHER	BRINE
BRUSHY CANYON	LIMESTONE, SANDSTONE, SILTSTONE		-2139	5117	5127	NATURAL GAS, OIL, OTHER	Brine
BONE SPRING	LIMESTONE, SANDSTONE, SILTSTONE		-3755	6705	6768	NATURAL GAS, OIL	
BONE SPRING 1ST	LIMESTONE, SANDSTONE, SILTSTONE		-4754	7711	7802	NATURAL GAS, OIL	
BONE SPRING 2ND	LIMESTONE, SANDSTONE, SILTSTONE		-5556	8524	8635	NATURAL GAS, OIL	
BONE SPRING 3RD	LIMESTONE, SANDSTONE, SILTSTONE		-6629	9599	9743	NATURAL GAS, OIL	
WOLFCAMP	LIMESTONE, SANDSTONE, SILTSTONE		-7046	9944	10141	NATURAL GAS, OIL	

### Completion and Completed

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<b>Allottee/Tribe Name</b>	<b>Well Pad Name</b> CEDCAN	<b>Well Pad Number</b> 1005	<b>APD ID</b> 10400066716

**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 (MID)	Interval Bottom (MID)	Interval Perforated?	Perforation Size	Number of Holes	Status of Interval
00	S1	1	NMNM81616	NMNM81616	NEW		POW	05-28-2022	06-04-2022	WOLFCA MP	10463	20763	Y	.42	1462	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	510696	25676294	Frac in 43 stages w/ 256723BBL Produced Water + 253973BBL Brackish Water (> 1,000 mg/l TDS and < 10,000 mg/l TDS) w/ 25676294# 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	07/09/2022	24	4015	6810	6770	1696				860

**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	32.225471	-103.97535	2940	N/A	N/A	FEE	FEE				220	FSL	1725	FWL	24S	29E	10	SESW
KOP Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2243089	-103.9792666	-6686	9770	9626	FEE	FEE				208	FNL	513	FWL	24S	29E	15	NWNW
PPP Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2252966	-103.9798491	-7216	10463	10156	FEE	FEE				151	FSL	334	FWL	24S	29E	10	SWSW
EXIT Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2535242	-103.9798812	-7325	20763	10265	FEDERAL	NMNM85891				186	FNL	338	FWL	24S	29E	3	NWNW

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	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	Aliquot/Lot/Tract
BHL Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2539255	-103.9798769	-7325	20909	10265	FEDERAL	NMNM85891				40	FNL	339	FWL	24S	29E	3	NWNW

### Casing, Liner and Tubing

### Casing and Liner

Wellbore Code	Casing String Type	Hole Size	Top Setting Depth (MD)	Bottom Setting Depth (MD)	Casing Size	Wt(lbs/ft)	Casing Grade	Describe Other Casing Grade	Joint	Other Joint	Amount Pulled (ft)
00	SURFACE	14.75	0	520	10.75	45.5	J-55		BUTT		
00	INTERMEDIATE	9.875	0	9699	7.625	26.4	HCL-80		BUTT		
00	PRODUCTION	6.75	0	20889	5.5	20	OTHER	P110CY	OTHER	WEDGE 461	

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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	515	1.35	0					123.8
00	INTERMEDIATE		CI C	480	2.6	0	CI C	575	1.71	0	1828.7
00	INTERMEDIATE		CLASS C	661	1.71	0	CLASS C	907	1.9	0	1828.7
00	PRODUCTION		CI H	872	1.34	9199					208.1

### 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		9977						

### 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:** JANA MENDIOLA

**Title:** Regulatory Advisor

**Signed on:** 03/01/2023

**Street Address:** 1600 GEHRIG DR

**City:** MIDLAND

**State:** TX

**Zip:** 79706

**Phone:** (432)685-5936

**Email address:** Janalyn\_mendiola@oxy.com

### Field

**Representative Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Extension:**

**Email address:**

### Attachments

TailsCC10\_3FedCom31H\_CBL\_20230301105116.pdf

TailsCC10\_3FedCom31H\_FinalDirectionalSurvey\_20230301105132.pdf

TailsCC10\_3FedCom31H\_AsDrilledC102\_20230301105140.pdf

TailsCC10\_3FedCom31H\_WBD\_20230301105208.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		5. Lease Serial No.	
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: _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator		7. Unit or CA Agreement Name and No.	
3. Address		8. Well Name and Well No.	
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	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).

**APPROVED**  
By Allison Morency at 10:09 am, Jul 03, 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.

## 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: SESW / 220 FSL / 1725 FWL / TWSP: 24S / RNG: 29E / SEC: 10 / LAT: 32.225471 / LONG: -103.97535

KOP: NWNW / 208 FNL / 513 FWL / TWSP: 24S / RNG: 29E / SEC: 15 / LAT: 32.2243089 / LONG: -103.9792666

PPP: SWSW / 151 FSL / 334 FWL / TWSP: 24S / RNG: 29E / SEC: 10 / LAT: 32.2252966 / LONG: -103.9798491

EXIT: NWNW / 186 FNL / 338 FWL / TWSP: 24S / RNG: 29E / SEC: 3 / LAT: 32.2535242 / LONG: -103.9798812

BHL: NWNW / 40 FNL / 339 FWL / TWSP: 24S / RNG: 29E / SEC: 3 / LAT: 32.2539255 / LONG: -103.9798769

Additional Cement Segments for Casings: 00S1

Hole Size: 9.875, Size/Grade: 7.625 / HCL-80, Wt. (#ft): 26.4, Top (MD): 0, Bottom (MD): 9699

Cementing/Segment - Stage Cementer Depth: null, No of Skes: 480.0, Type of Cement: CI C, Slurry Vol BBL: 1828.7, Cement Lead Top: 0.0, Amount Pulled: null ; Cement Tail Type: CI C, Cement Tail Qty (sks): 575.0, Cement Tail Yield (cu.ft/sks): 1.71, Cement Tail Top (MD): 0.0

Cementing/Segment - Stage Cementer Depth: null, No of Skes: 661.0, Type of Cement: CLASS C, Slurry Vol BBL: 1828.7, Cement Lead Top: 0.0, Amount Pulled: null ; Cement Tail Type: CLASS C, Cement Tail Qty (sks): 907.0, Cement Tail Yield (cu.ft/sks): 1.9, Cement Tail Top (MD): 0.0

Summary of Porous Zones Information:

Formation: BRUSHY CANYON, Descriptions, Contents, etc: , Bottom: 5127

Formation: BONE SPRING, Descriptions, Contents, etc: , Bottom: 6768

Formation: BONE SPRING 1ST, Descriptions, Contents, etc: , Bottom: 7802

Formation: BONE SPRING 2ND, Descriptions, Contents, etc: , Bottom: 8635

Formation: BONE SPRING 3RD, Descriptions, Contents, etc: , Bottom: 9743

Formation: WOLFCAMP, Descriptions, Contents, etc: , Bottom: 10141

Attachments: 00S1

Log Attachments:

1) TailsCC10\_3FedCom31H\_WBD\_20230301105208.pdf

2) TailsCC10\_3FedCom31H\_CBL\_20230301105116.pdf

3) TailsCC10\_3FedCom31H\_FinalDirectionalSurvey\_20230301105132.pdf

4) TailsCC10\_3FedCom31H\_AsDrilledC102\_20230301105140.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 482534

**ACKNOWLEDGMENTS**

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 482534
	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.
<input type="checkbox"/>	I hereby certify that no additives containing PFAS chemicals were added to the fluid used in the completion or recompletion of this well.

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**

CONDITIONS

Action 482534

**CONDITIONS**

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 482534
	Action Type: [C-105] Well (Re)Completion (C-105)

**CONDITIONS**

Created By	Condition	Condition Date
plmartinez	None	3/31/2026