



Well Completion Print

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

07/08/2025

Operator Name OXY USA INCORPORATED	Well Name TAILS CC 10_3 FED COM	Well Number 34H	US Well Number 3001548959
SHL SWSE Sec 10 24S 29E	County EDDY	State NM	Lease Number(s) NMNM081616
Well Type OIL WELL	Well Status Drilling Well	Agreement Name	Agreement Number(s)
Allottee/Tribe Name	Well Pad Name CEDCAN	Well Pad Number 1006	APD ID 10400066360

Section 1 - General

Well Completion Report Id: 87515

Submission Date: 03-01-2023

BLM Office: Carlsbad Field Office

User: JANA MENDIOLA

Title: Regulatory Advisor

Federal/Indian: FEDERAL

Lease Number: NMNM081616

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: 12-20-2021

Date Total Measured Depth Reached: 03-28-2022

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		2940	220	220	USEABLE WATER	
SALADO	ANHYDRITE, DOLOMITE, HALITE, SHALE		2370	571	571	OTHER	Salt
CASTILE	ANHYDRITE		1386	1465	1465	OTHER	Salt
DELAWARE	LIMESTONE, SANDSTONE, SILTSTONE		-71	3011	3011	NATURAL GAS, OIL, OTHER	Brine
BELL CANYON	SANDSTONE, SILTSTONE		-84	3036	3036	NATURAL GAS, OIL, OTHER	Brine
CHERRY CANYON	SANDSTONE, SILTSTONE		-919	3870	3871	NATURAL GAS, OIL, OTHER	Brine
BRUSHY CANYON	LIMESTONE, SANDSTONE, SILTSTONE		-2178	5101	5116	NATURAL GAS, OIL, OTHER	Brine
BONE SPRING	LIMESTONE, SANDSTONE, SILTSTONE		-3786	6713	6737	NATURAL GAS, OIL	
BONE SPRING 1ST	LIMESTONE, SANDSTONE, SILTSTONE		-4806	7760	7784	NATURAL GAS, OIL	
BONE SPRING 2ND	LIMESTONE, SANDSTONE, SILTSTONE		-5594	8492	8515	NATURAL GAS, OIL	
BONE SPRING 3RD	LIMESTONE, SANDSTONE, SILTSTONE		-6660	9648	9674	NATURAL GAS, OIL	
WOLFCAMP	LIMESTONE, SANDSTONE, SILTSTONE		-7080	9993	10091	NATURAL GAS, OIL	

Completion and Completed

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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 (MID)	Interval Bottom (MID)	Interval Perforated?	Perforation Size	Number of Holes	Status of Interval
00	S1	1	NMNM081616	NMNM081616	NEW		POW	06-03-2022	06-08-2022	WOLFCA MP	10127	20428	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	453366	25660019	Frac in 43 stages w/ 280224BBL Produced Water + 173142BBL Brackish Water (> 1,000 mg/l TDS and < 10,000 mg/l TDS) w/ 25660019# 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			FLOWS FROM WELL		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	07/11/2022	24	3099	4714	4655	1521				2179

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	32.2254491	-103.9693857	2940	N/A	N/A	FEDERAL	NMNM81616				220	FSL	1740	FEL	24S	29E	10	SWSE
KOP Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.224569	-103.969197	-6541	9506	9481	FEE	FEE				100	FNL	1682	FEL	24S	29E	15	NWNE
PPP Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2252605	-103.9691337	-7075	10127	10015	FEDERAL	NMNM81616				152	FSL	1662	FEL	24S	29E	10	SWSE
EXIT Wellbore 00	NEW MEXICO	NEW MEXICO PRINCIPAL	EDDY	32.2535093	-103.969331	-7197	20428	10137	FEDERAL	NMNM85891				180	FNL	1684	FEL	24S	29E	3	NWNE

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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	32.2538774	-103.969347	-7198	20562	10138	FEDERAL	NMNM85891				47	FNL	1688	FEL	24S	29E	3	NWNE

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	485	10.75	45.5	J-55		BUTT		
00	INTERMEDIATE	9.875	0	9495	7.625	26.4	HCL-80		BUTT		
00	PRODUCTION	6.75	0	20542	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 H	484	1.64	0					565.5
00	INTERMEDIATE		Class H	484	1.64	0					565.5
00	PRODUCTION		CI H	1000	1.34	8995					238.7

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									

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_3FedCom34H_GammaRay_20230301143336.pdf

TailsCC10_3FedCom34H_FinalDirectionalSurvey_20230301143358.pdf

TailsCC10_3FedCom34H_AsDrilledC102_20230301143406.pdf

TailsCC10_3FedCom34H_WBD_20230301143426.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 9:31 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: SWSE / 220 FSL / 1740 FEL / TWSP: 24S / RNG: 29E / SEC: 10 / LAT: 32.2254491 / LONG: -103.9693857

KOP: NWNE / 100 FNL / 1682 FEL / TWSP: 24S / RNG: 29E / SEC: 15 / LAT: 32.224569 / LONG: -103.969197

PPP: SWSE / 152 FSL / 1662 FEL / TWSP: 24S / RNG: 29E / SEC: 10 / LAT: 32.2252605 / LONG: -103.9691337

EXIT: NWNE / 180 FNL / 1684 FEL / TWSP: 24S / RNG: 29E / SEC: 3 / LAT: 32.2535093 / LONG: -103.969331

BHL: NWNE / 47 FNL / 1688 FEL / TWSP: 24S / RNG: 29E / SEC: 3 / LAT: 32.2538774 / LONG: -103.969347

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): 9495

Cementing/Segment - Stage Cementer Depth: null, No of Sk: 484.0, Type of Cement: CI H, Slurry
Vol BBL: 565.5, Cement Lead Top: 0.0, Amount Pulled: null

Summary of Porous Zones Information:

Formation: BRUSHY CANYON, Descriptions, Contents, etc: , Bottom: 5116

Formation: BONE SPRING, Descriptions, Contents, etc: , Bottom: 6737

Formation: BONE SPRING 1ST, Descriptions, Contents, etc: , Bottom: 7784

Formation: BONE SPRING 2ND, Descriptions, Contents, etc: , Bottom: 8515

Formation: BONE SPRING 3RD, Descriptions, Contents, etc: , Bottom: 9674

Formation: WOLFCAMP, Descriptions, Contents, etc: , Bottom: 10091

Attachments: 00S1

Log Attachments:

- 1) TailsCC10_3FedCom34H_WBD_20230301143426.pdf
- 2) TailsCC10_3FedCom34H_GammaRay_20230301143336.pdf
- 3) TailsCC10_3FedCom34H_FinalDirectionalSurvey_20230301143358.pdf
- 4) TailsCC10_3FedCom34H_AsDrilledC102_20230301143406.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 482543

ACKNOWLEDGMENTS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 482543
	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 482543

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 482543
	Action Type: [C-105] Well (Re)Completion (C-105)

CONDITIONS

Created By	Condition	Condition Date
plmartinez	None	4/1/2026