

District I 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 202395 <hr/> WELL API NUMBER 30-025-41842 ✓ <hr/> 5. Indicate Type of Lease S <hr/> 6. State Oil & Gas Lease No. <hr/> 7. Lease Name or Unit Agreement Name STATE 12 ✓																				
SUNDRY NOTICES AND REPORTS ON WELLS HOBBS OCD (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)																						
1. Type of Well: O		8. Well Number 001 ✓																				
2. Name of Operator MAVERICK OPERATING, LLC ✓		9. OGRID Number 287160																				
3. Address of Operator 1004 N. Big Spring Suite 121, Midland, TX 79701		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>N</u> line and feet <u>1650</u> from the <u>W</u> line Section <u>12</u> Township <u>19S</u> Range <u>35E</u> NMPM County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3763 GR																						
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>																						
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width: 100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Spud <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: Spud <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 3/16/2015 Spudded well. 4/3/2015 Drilled 5' with rathole service at 11:31 a.m. Hole size 20" TD 15' Called Hobbs District Office to notify but got no answer due to holiday.																						
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																						
SIGNATURE <u>Linda Johnston</u> TITLE <u>AGENT</u> DATE <u>4/7/15</u> Type or print name <u>LINDA JOHNSTON</u> E-mail address <u>Stateoilreports@STATE.NM.GOV</u> Telephone No. <u>(830) 964-5963</u> For State Use Only:																						
APPROVED BY: <u>Accepted for Record Only</u> DATE _____																						

Accepted for Record Only

APR 16 2015

LINDA JOHNSTON (AGENT FOR MAVERICK OPERATING, LLC) SIGN OUT HELP

[Wells](#) [Operator Data](#) [Submit Form](#) [Administration](#)**OCD Permitting**[Home](#) [Drilling](#) [Notice of Spud](#)**Notice of Spud (202395)****1**

Well

2

Spud Information

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Comments

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Forms

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Submit

6

Close

Well Information

Well: STATE 12 #001

Surface Location: F-12-19S-35E

API: 30-025-41342

Well Type: Oil

Comments

This report is to be only used for reporting the Spud Date of a well and not drilling progress. Please file paper form for slow drilling a well.

Added on 4/7/2015 by phautz

Additional Comment

Add

New Mexico Energy, Minerals and Natural Resources Department | Copyright 2012
1220 South St. Francis Drive | Santa Fe, NM 87505 | P: (505) 478-3200 | F: (505) 478-3220

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