

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	<h2 style="margin:0;">State of New Mexico</h2> <h3 style="margin:0;">Energy, Minerals and Natural Resources</h3> <h3 style="margin:0;">Oil Conservation Division</h3> <h2 style="margin:0;">1220 S. St Francis Dr.</h2> <h2 style="margin:0;">Santa Fe, NM 87505</h2>	Form C-103 August 1, 2011 Permit 203571
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HOBBS OCD
 MAY 14 2015
 RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
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 or Closure
 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	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Spud</u> <input checked="" type="checkbox"/>

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.
 On March 16, 2015, 10' X 30" Pipe was set, with a lid on the State 12-1. The 30" casing was cemented 3' from the top and back filled with dirt to the top. (Drill time was 1 hour) On April 3, 2015, an additional 5' was drilled on the State 12-1 for a total of 15' drilled so far. (Drill time was 1 hour) On April 23, 2015, and additional 5' was drilled on the State 12-1 for a total of 20' drilled so far. (Drill time was 1 hour)

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 , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE <u>Linda Johnston</u> Type or print name <u>LINDA JOHNSTON</u>	TITLE <u>AGENT</u> E-mail address <u>statedoilreports@SATX.PR.COM</u>	DATE <u>5/1/15</u> Telephone No. <u>(830) 964-5963</u>
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For State Use Only:
 APPROVED BY: _____ TITLE _____ DATE _____

Accepted for Record Only

MAY 14 2015

Dr