

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-20864
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name VACUUM GLORIETA EAST UNIT
8. Well Number #002
9. OGRID Number 331199
10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS
(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: Oil Well Gas Well Other

2. Name of Operator
Maverick Permian

3. Address of Operator **LLC**
1000 Main Street Ste 2900 Houston, TX 77002

4. Well Location
Unit Letter: _____ : **2080** feet from the **North** line and **2080** feet from the **North** line
Section **31** **17S** Township **32E** Range **NMPM** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Tested MIT on 6/2/2025, passing test, witnessed by NMOCD Rep

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nicole Lee TITLE Regulatory Lead DATE 6/26/25

Type or print name Nicole Lee E-mail address: nlee@dgoc.com PHONE: 713-437-8097
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

XXXXXX
South District - Artesia

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Maverick		API Number 30-025-20864	
Property Name Vacuum Glorieta East Unit 17		Well No. 2	

Surface Location

U/L - Lot I	Section 31	Township 17S	Range 35E	Feet from 2080	N/S Line 5	Feet From 6600	E/W Line E	County Lea
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER GAS <input type="checkbox"/>	DATE 6/2/2025
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OBSERVED DATA

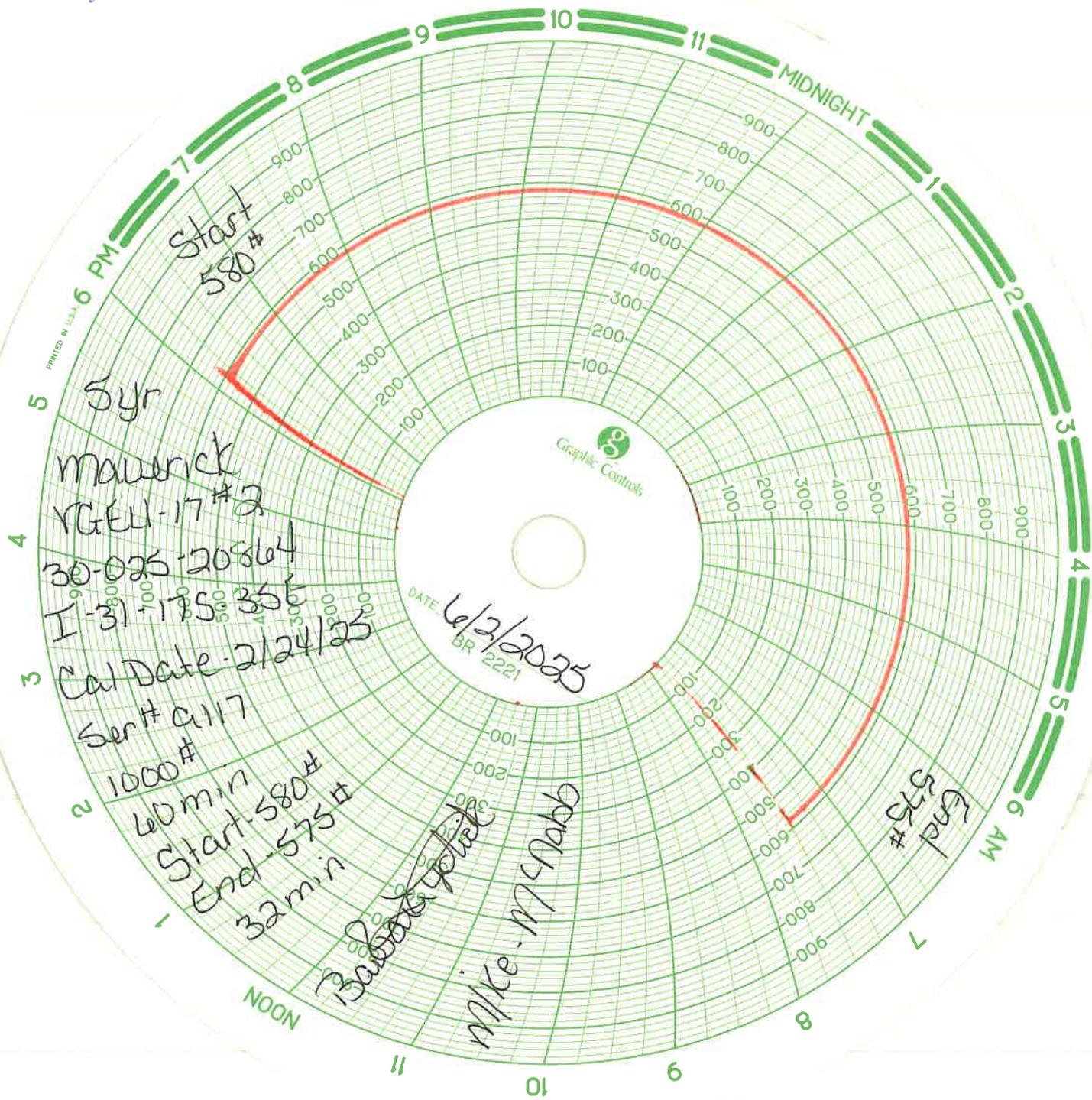
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	/	/	0	640
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	CO2
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	WTR
Surges	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	GAS
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Isolated for
Water	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BHT OK

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
	Witness: Barbara J. [Signature]	

INSTRUCTIONS ON BACK OF THIS FORM



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>

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1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 480937

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 480937
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	1/23/2026