

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

| |
|---|
| WELL API NO. 3001534366 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Pardue Farms 29 |
| 8. Well Number 2 |
| 9. OGRID Number 15262 |
| 10. Pool name or Wildcat Und. Willow Lake Bone Springs |

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 Operating, LLC

3. Address of Operator
1004 N Big Spring Street, Suite 121, Midland, TX, 79701

4. Well Location
 Unit Letter F : 1980 feet from the North line and 1650 feet from the West line
 Section 29 Township 24S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3051 GR

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: <u>Recomplete uphole</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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/7/2017-RU wireline and set 10k CIBP @ 4,640'. Load & test csg. Held pressure. Perforate Upper Brushy Canyon interval @ 4,48'1-4,508'. PU & dump 20' cmnt on top of CIBP. RD wireline.

3/9/2017-MIRU acid equipment. Acidize new interval w/ 4,000 gal 7-1/2% HCL and flush. Swab back load.

3/10/2017-MIRU frac equipment and frac well using 79,000# SD & 1,000 bbls fluid. SWI & RDMO frac equipment. Install flowline to frac tanks and install choke for flowback. Begin flowback next AM.

3/15/2017-RIH w/ tbg & rod/pump setting. Turn well over to battery. Well IPd at 20 bopd.

Accepted for record
 NMOCD

Spud Date: 2/8/2005

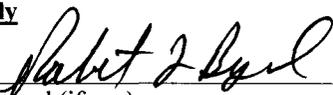
Rig Release Date: 4/7/2005

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

SIGNATURE  TITLE Employee DATE 5/9/2017

Type or print name Emily Sirgo E-mail address: emily@mogc-kec.com PHONE: 432-682-2500

For State Use Only

APPROVED BY:  TITLE COMPLIANCE OFFICER DATE 5/18/2017
 Conditions of Approval (if any):