

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection		WELL API NO. 30-025-02982
2. Name of Operator Maverick Permian LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1000 Main st Ste 2900 Houston, TX 77002		6. State Oil & Gas Lease No.
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 33 Township 17S Range 35E NMPM County		7. Lease Name or Unit Agreement Name East Vacuum (GSA) Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 002
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 331199
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.		10. Pool name or Wildcat

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: ☐

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.

Please see attached Plan to repair well.

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 Arbaz Hussain TITLE Regulatory Analyst DATE 09/10/2025

Type or print name Arbaz Hussain E-mail address: ahussain@dgoc.com PHONE: 832-589-5181

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



EVGSAU 3333-002W (API 30-025-02982)

MIT REMEDIATION – RTI

OBJECTIVE: Well Failed MIT. Will perform necessary investigative steps to determine cause of leak, and will remediate as necessary based on findings. Ultimate goal is to RTI.

1. MIRU WOR & equipment. Test anchors if not tested within the last two years.
2. Confirm MIT by testing backside to 500 psi.
 1. If successful, contact state for retest and RDMO.
 2. If unsuccessful move to step 3.
3. Kill well if necessary, with 10# brine.
4. ND WH. NU BOP's.
5. Release packer at 4190' and lower 1 joint. Reset packer and retest backside.
 1. If successful, contact state for retest and RDMO.
 2. If unsuccessful, move to step 6.
6. Release packer, POOH Scanning tubing.
7. RIH with RBP and test packer.
8. Set plug at 4200' and pressure test production casing.
 1. If test passes, Call to notify Engineer on plan forward – Will need to discuss previously reported pressure communication between casing strings and Validate/Determine plan to resolve.
 2. If pressure test fails, move to step 9.
9. Come up hole with test packer, setting and testing at different points to determine top and bottom depths of leaking interval.
 1. Call to discuss remediation plan with Engineer based on findings. Report leak depth interval(s) and PIR/Pressure(s).
10. Following casing leak remediation, reinstall repaired injection string
 1. Adhere to same injection string design as previous.
11. RDMO WOR & equipment. Notify Foreman/LO to RTI well.



MAIN HOLE (VERTICAL)

Vertical schematic (actual)

Surface Casing Cement
Casing: 4/24/1999 00:00-100-487.0-1999-0426

Casing joints: 9.8 Blk: 10-9-487.0-487.00-1-1-9.88

Intermediate Casing Cement
Casing: 4/26/1999 00:00-100-4-180.00-1-1-2.8-200
Production Casing Cement
Casing: 7/8/1999 00:00-100-4-650.0-1999-0708

Casing joints: 7 in: 10-9-4-092.0-4-092.00-2-1-7-2.8 Blk: Tubing: 10-2-4-1902-4-180.00-1-1-2.8-200
Casing joints: 4 1/2 in: 10-9-4-650.0-4-650.00-3-1-4-12-4.05

4 in. Packer: 4-100-0-4-1902-3.00-1-2-4-2.38

4 1/2 in. Wellbore Plug Back
Total Depth: 4-654.0-2009-11-14

DIVERSIFIED
energy

Well Information

Well Name EAST VACUUM GB-SA UNIT -3333	API/NO 3002502982	DGOC Well Code 1238351
County LEA	State/Province NEW MEXICO	
Original KB Elevation (ft) 3,958.00	Ground Elevation (ft) 3,948.00	KB-Ground Distance (ft) 10.00
Surface Legal Location Sec. 33, T-17S, R-35E	Lat/Long Datum	Latitude (°) 32° 47' 36.196" N Longitude (°) 103° 27' 50.94" W
Directions to Well		

Casing

Run Date	Casing Description	Set Depth	OD (in)	ID (in)	WT (lb/ft)	Grade
4/24/1939 00:00	Surface	497.0	9 5/8	0.00	19.50	Grade
4/26/1939 00:00	Intermediate	4,092.0	7	0.00	0.00	Grade
7/2/1939 00:00	Production	4,650.0	4 1/2	4.05	10.50	Grade K-55

Cement

Description	Top Depth (ft/ft)	Bottom Depth (ft/ft)
Surface Casing Cement	10.0	497.0
Production Casing Cement	10.0	4,092.0
Production Casing Cement	1,850.0	4,650.0

Zones

Zone Name	Top Depth (ft/ft)	Bottom Depth (ft/ft)
AZALEA:STRAWIN	4,092.0	4,600.0
VACUUM:GB/SA		
Grayburg/San Andres		

Tubing

Item Description	OD (in)	ID (in)	WT (lb/ft)	Grade	Length (ft)	Joints	Top (ft/ft)
Tubing	2 3/8	2.00	4.60	J-55	4,180.00	124	10.0
Item Description Packer	OD (in) 4	ID (in) 2.37	WT (lb/ft) 0.00	Grade	Length (ft) 3.00	Joints 1	Top (ft/ft) 4,190.0

Other In Hole

Description	OD (in)	ID (in)	Top (ft/ft)	Bot (ft/ft)	Run Date
Fill	4		4,535.0	4,650.0	5/16/2012 00:00

Plunger Lift Systems

Preq	Plunge	Wake	Mode	OD (in)	Run Date	Comment	Top (ft/ft)	Bot (ft/ft)
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CONDITIONS

Action 505186

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 505186
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	Post workover MIT required with OCD witness Same size tubing to be installed (no upsize permitted) As per WFX-653, Packer should be set within 100 ft of top perforation. Submit post workover C-103 Subsequent report with an updated wellbore diagram	9/26/2025