

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised July 18, 2013OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-26383
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 EAST VACUUM (GSA) UNIT #006
8. Well Number
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Maverick Permian	
3. Address of Operator 1000 Main Street Ste 2900 Houston, TX 77002	
4. Well Location Unit Letter J : 2630 feet from the SOUTH line and 2630 feet from the SOUTH line Section 29 17S Township 35E 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Maverick Permian is submitting the passing MIT from 5/14/2025 Witnessed by B. Lydick

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 6/5/25

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

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



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6151 Fax: (575) 393-6720

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

BRADENHEAD TEST REPORT

Operator Name Maverick Permian	API Number 30-025-26383
Property Name East Vacuum (GSA) Unit 2801	Well No. 6

2. Surface Location

UTM - Lot 9	Section 28	Township 17S	Range 3SE	Feet from 2630	N/S Line S	Feet From 1330	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"/>	INJ <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER GAS <input type="checkbox"/>	DATE 5/14/2025
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0			21	1354
Flow Characteristics					
Puff	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Type of Fluid Exposed for Waterhead if applies
Gas or Oil	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Water	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

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 [Signature]		

INSTRUCTIONS ON BACK OF THIS FORM

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

CONDITIONS

Action 471164

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 471164
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	1/22/2026