

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. <b>30-025-26856</b>
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 <b>EAST VACUUM (GSA) UNIT #005</b>
8. Well Number
9. OGRID Number <b>331199</b>
10. Pool name or Wildcat

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
2. Name of Operator <b>Maverick Permian</b>	
3. Address of Operator 1000 Main Street Ste 2900 Houston, TX 77002	
4. Well Location Unit Letter <b>E</b> : <b>2540</b> feet from the <b>NORTH</b> line and <b>2540</b> feet from the <b>NORTH</b> line Section <b>29</b> <b>17S</b> Township <b>35E</b> Range <b>NMPM</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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 5/20/2025 Witnessed by B. Lydick

Spud Date:

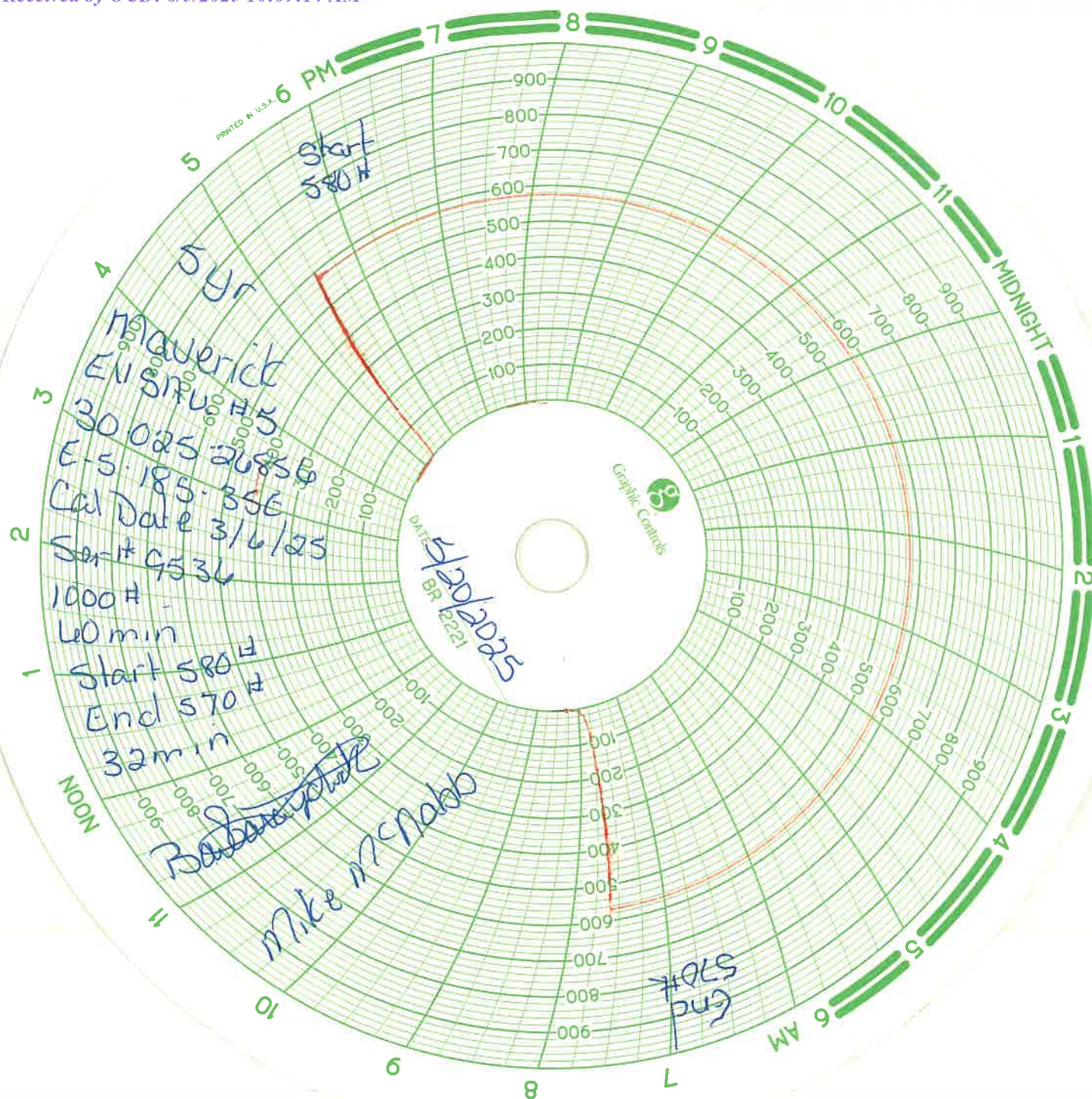
Rig Release Date:

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) 337-6151 Fax: (575) 337-0720

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

## BRADENHEAD TEST REPORT

Operator Name <b>Maverick Permian</b>	API Number <b>30-025-26856</b>
Property Name <b>East Vacuum (GSA) Unit 0524</b>	Well No. <b>5</b>

## 1. Surface Location

UT - Lot <b>E</b>	Section <b>5</b>	Township <b>18S</b>	Range <b>35E</b>	Feet from <b>2540</b>	N/S Line <b>N</b>	Feet From <b>10</b>	E/W Line <b>W</b>	County <b>Lea</b>
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## Well Status

TA'D WELL <b>YES</b>	<b>NO</b>	SHUT-IN <b>YES</b>	<b>NO</b>	<b>INJ</b>	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <b>5/20/2025</b>
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## OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	<b>825</b>
Flow Characteristics					
Puff	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	<b>Y</b> / N	CO2 ✓
Steady Flow	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	WTR ✓
Surges	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	GAS
Down to nothing	<b>Y</b> / N	<b>Y</b> / N	Y / <b>N</b>	<b>Y</b> / N	Type of Fluid
Gas or Oil	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Exposed for
Water	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Y / <b>N</b>	Waterhead if
					applies

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

**B.H.R.-OK**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <b>Barbara [Signature]</b>		

INSTRUCTIONS ON BACK OF THIS FORM

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

CONDITIONS

Action 471161

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 471161
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

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