

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. 30-025-03014
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 ABO UNIT
8. Well Number #008
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 LLC 1000 Main Street Ste 2900 Houston, TX 77002	
4. Well Location Unit Letter N : 990 feet from the South line and 990 feet from the South line Section 34 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: 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.

Tested MIT on 6/5/2025, 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): _____

Form 2

South District - Artesia

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

BRADENHEAD TEST REPORT

Operator Name <div style="font-size: 1.5em; font-family: cursive;">Maverick</div>	API Number <div style="font-size: 1.5em; font-family: cursive;">30-025-03014</div>
Property Name <div style="font-size: 1.5em; font-family: cursive;">Vacuum ABO Unit 10</div>	Well No. <div style="font-size: 1.5em; font-family: cursive;">8</div>

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
N	34	17S	35E	090	S	1650	W	Lea

Well Status

TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES	YES	YES	YES	YES	YES	YES	6/5/2025

OBSERVED DATA

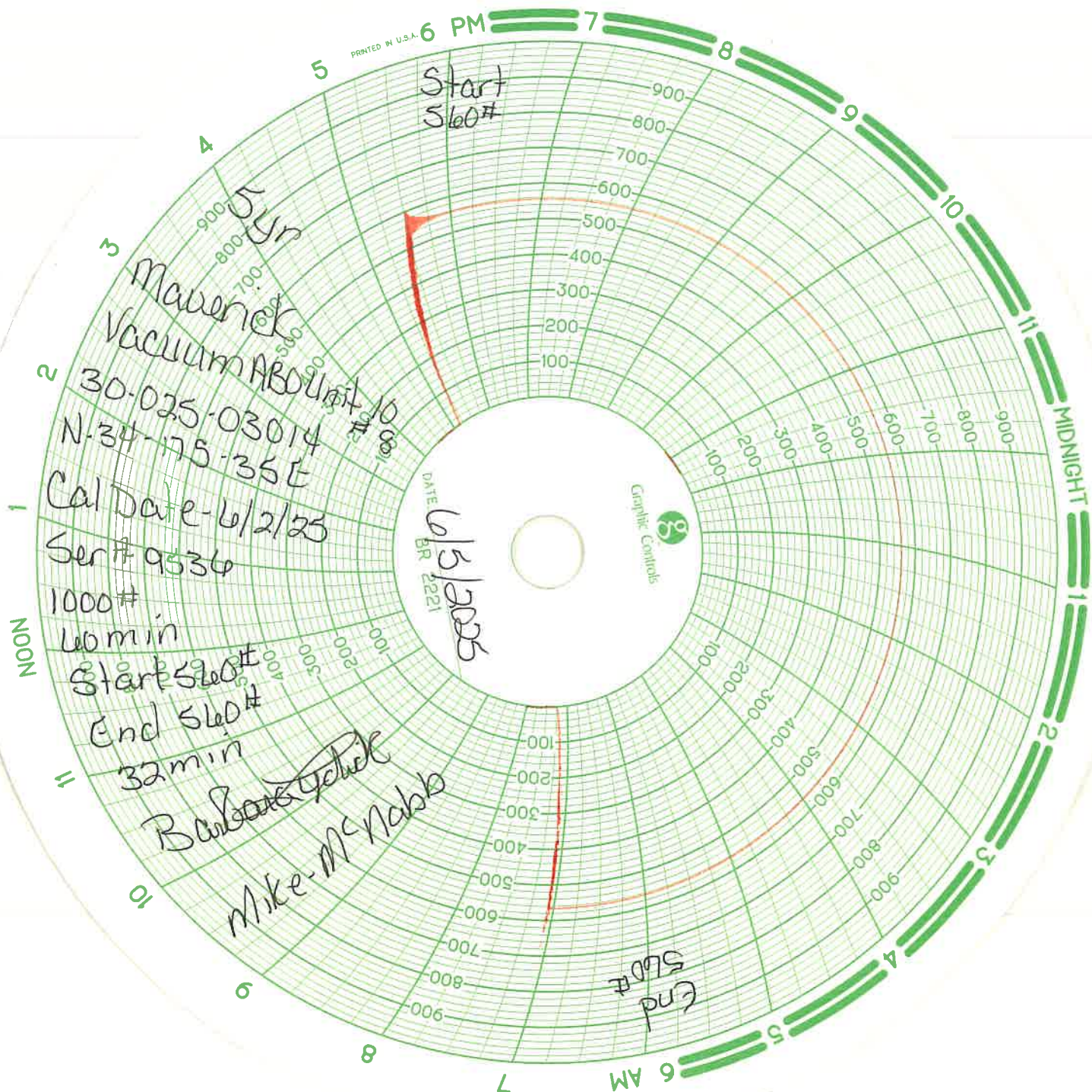
	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		0	406
Flow Characteristics					
Puff	Y / (N)	Y / (N)	Y / N	(Y) / N	CO2
Steady Flow	Y / (N)	Y / (N)	Y / N	Y / (N)	WTR ✓
Surges	Y / (N)	Y / (N)	Y / N	Y / (N)	GAS
Down to nothing	(Y) / N	(Y) / N	Y / N	(Y) / N	Type of Fluid
Gas or Oil	Y / (N)	Y / (N)	Y / N	Y / (N)	Injected for
Water	Y / (N)	Y / (N)	Y / N	Y / (N)	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:	<div style="font-size: 1.5em; font-family: cursive;">Barbara [Signature]</div>

INSTRUCTIONS ON BACK OF THIS FORM



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

CONDITIONS

Action 480928

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 480928
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

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