

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 Resources

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

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 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  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.

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): \_\_\_\_\_

RECORDED  
South District-Artesia

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

## BRADENHEAD TEST REPORT

Operator Name		API Number	
Maverick		30-025-03014	
Property Name		Well No.	
Vacuum ABO Unit 10		8	

Surface Location							
U.Lot	Section	Township	Range	Feet from CPR	N/S Line	Feet From SWD	E/W Line
N	34	175	35E	S	1650	W	Lea

## Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	OIL	PRODUCER	GAS	DATE 4/5/2025
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## OBSERVED DATA

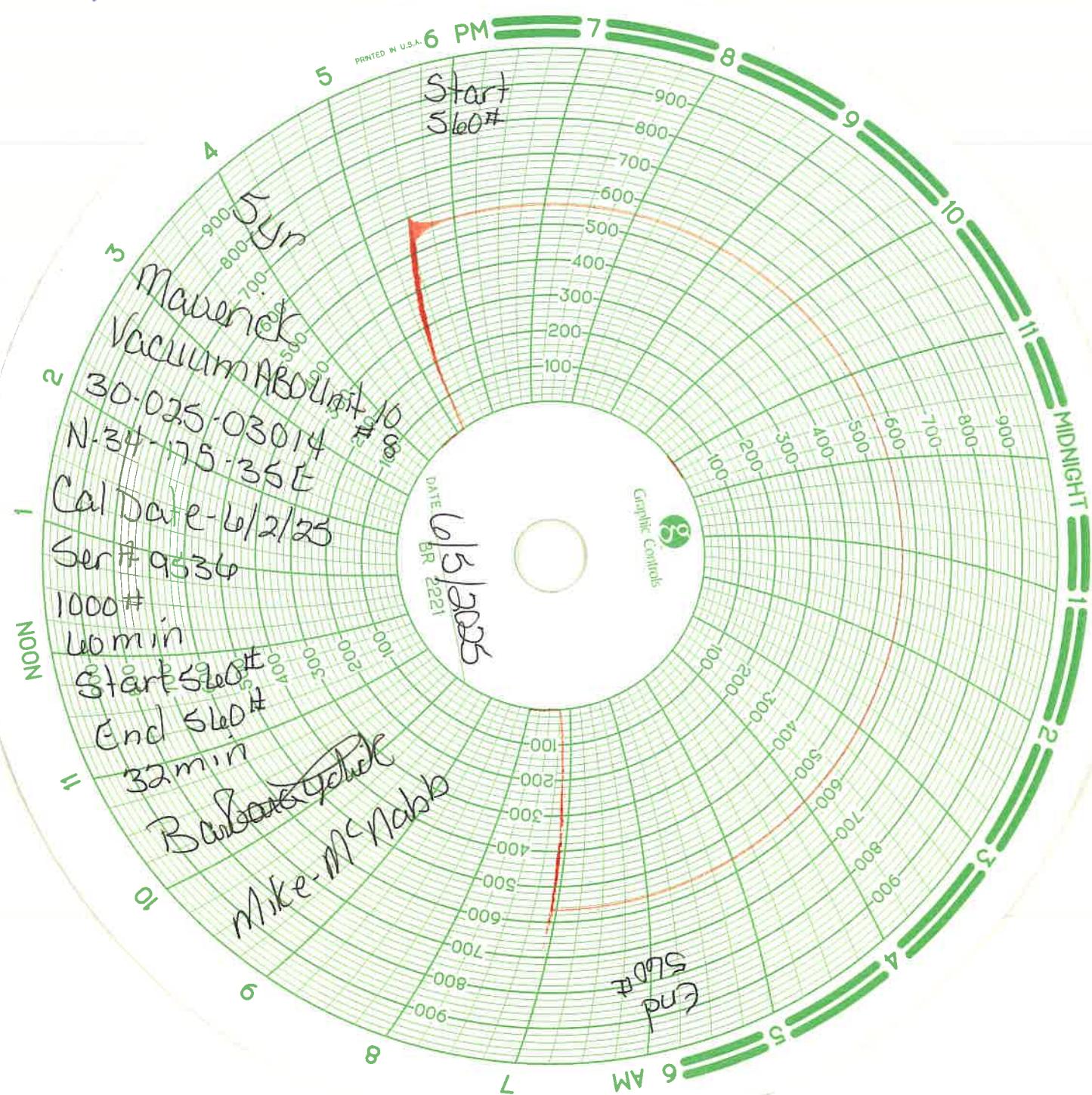
	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csgn	(E) Tubing
Pressure	0	0		0	406
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

BT-OK

Signature:	OIL CONSERVATION DIVISION	
Printed name:	Entered into RBDMS	
Title:	Re-test	
E-mail Address:		
Date:	Phone:	
	Witness:	<i>Braedenhead</i>

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