

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. 30-025-26930	
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	
8. Well Number #006	
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 3 : 1225 feet from the South line and 1225 feet from the South line

Section 5 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:

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 5/29/2025, 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
For State Use Only

E-mail address: nlee@dgoc.com

PHONE: 713-437-8097

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

2025022
South District-Artesia

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

BRADENHEAD TEST REPORT

Operator Name		Property Name		API Number	
Maverick Permian		East Vacuum (GSA) Unit 0524		30-025-26930	
				Well No.	6

U/L Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
C	5	185	35E	1225	N	2580	W	Lea

7. Surface Location

Well Status

YES	TA'D WELL	<input checked="" type="checkbox"/> NO	SHUT-IN	<input checked="" type="checkbox"/> NO	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
										5/29/2025

OBSERVED DATA

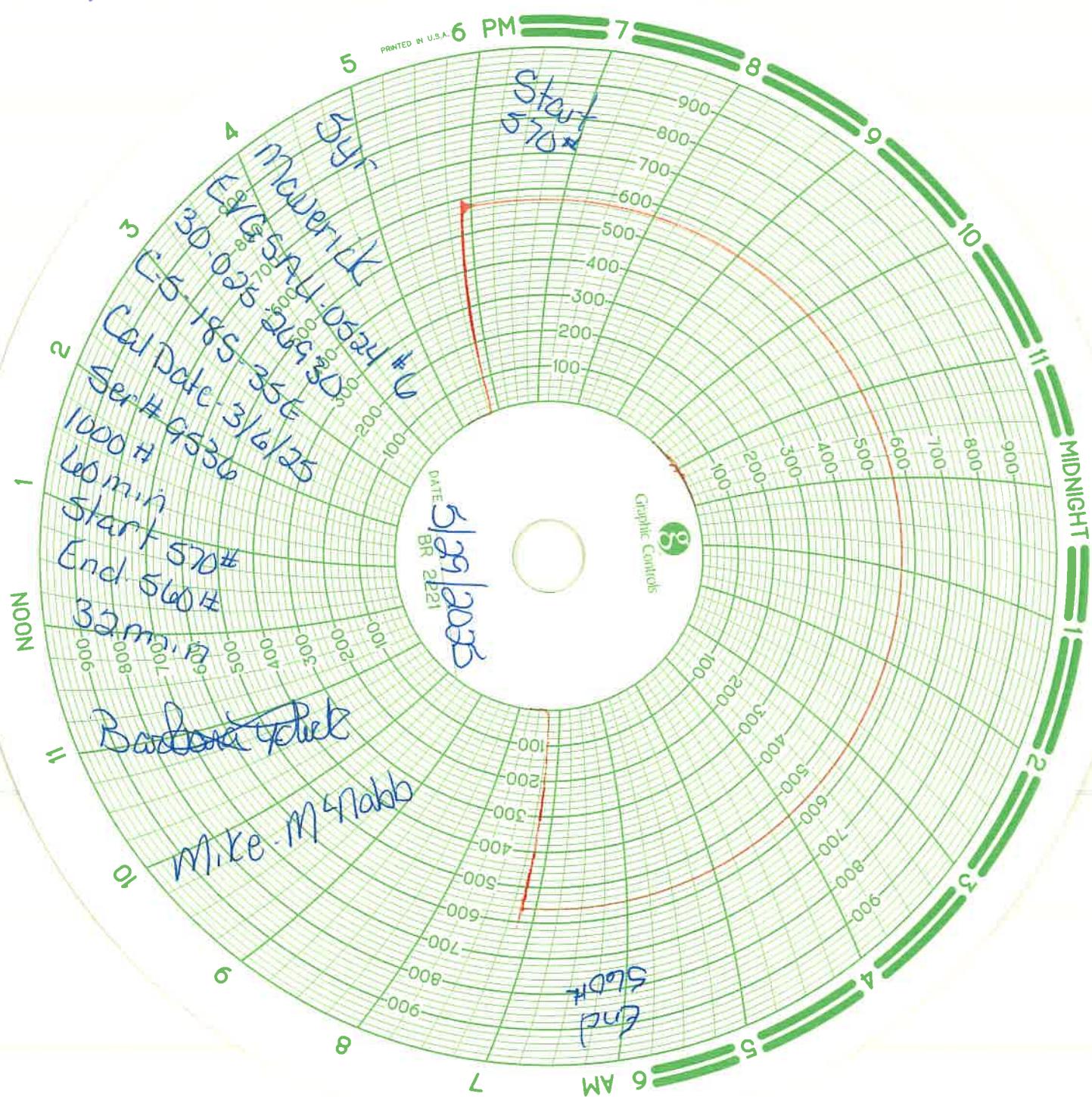
	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csgn	(E) Tubing
Pressure	O			O	115
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS
Down to nothing	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Type of fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> 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:	

INSTRUCTIONS ON BACK OF THIS FORM



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CONDITIONS

Action 480930

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 480930
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

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