

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>30-025-34832</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</b>
8. Well Number <b>#395</b>
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 <b>LLC</b> 1000 Main Street Ste 2900 Houston, TX 77002	
4. Well Location Unit Letter <b>I</b> : <b>2630</b> feet from the <b>South</b> line and <b>2630</b> feet from the <b>South</b> line Section <b>31</b> <b>17S</b> Township <b>32E</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.

Tested MIT on 5/30/2025, 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): \_\_\_\_\_

B000002

South District-Artesia

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

**BRADENHEAD TEST REPORT**

Operator Name <b>Mauzonick</b>	API Number <b>30-025-34832</b>
Property Name <b>East Vacuum (GSA) Unit 3127</b>	Well No. <b>395</b>

**Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>I</b>	<b>31</b>	<b>17S</b>	<b>35E</b>	<b>2630</b>	<b>S</b>	<b>575</b>	<b>E</b>	<b>Lea</b>

**Well Status**

TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES <b>(NO)</b>	YES <b>(NO)</b>	<b>(INJ)</b>					<b>5/29/2025</b>

**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<b>0</b>			<b>10</b>	<b>1621</b>
Flow Characteristics					
Puff	<b>(Y) N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>(Y) N</b>	CO2 <input checked="" type="checkbox"/>
Steady Flow	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	WTR <input type="checkbox"/>
Surges	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	GAS <input type="checkbox"/>
Down to nothing	<b>(Y) N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>(Y) N</b>	Type of Fluid
Gas or Oil	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	Injected for
Water	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	Waterhead if applies

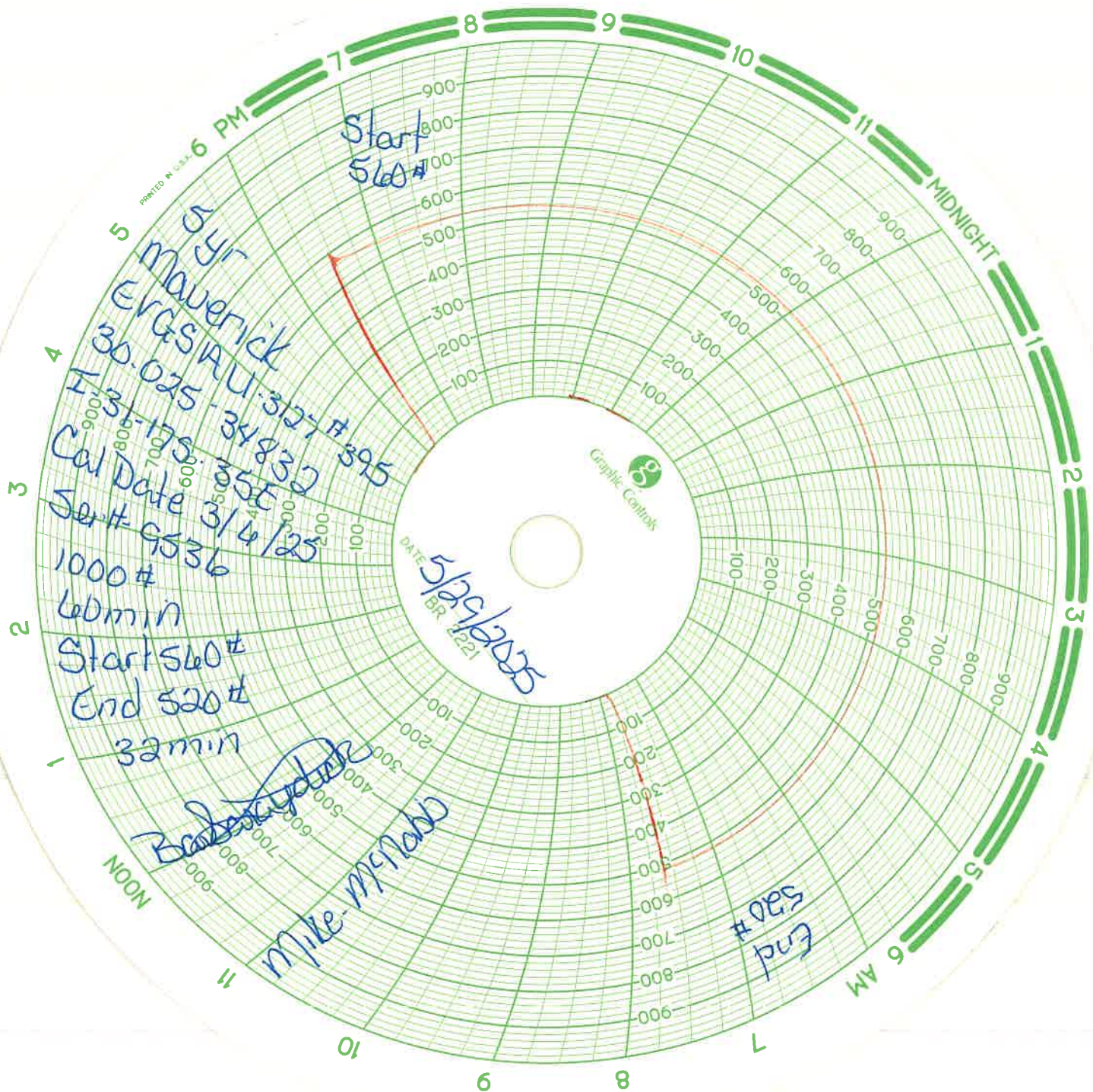
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

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

CONDITIONS

Action 480927

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 480927
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

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