

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. 30-025-42021	
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 SEMU	
8. Well Number #250	
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 F : 1371 feet from the North line and 1371 feet from the North line
Section 19 20S 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 6/9/2025, 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-Atascosa

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

BRADENHEAD TEST REPORT

Operator Name		API Number	
Maverick SEMU		30-025-42021	
Property Name		Well No.	
		250	

Surface Location									
UL Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
7	19	20S	38E		1371	N	1786	W	Lea

Well Status

YES	TA'D WELL	<input checked="" type="radio"/> NO	SHUT-IN	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
6/9/2025											

OBSERVED DATA

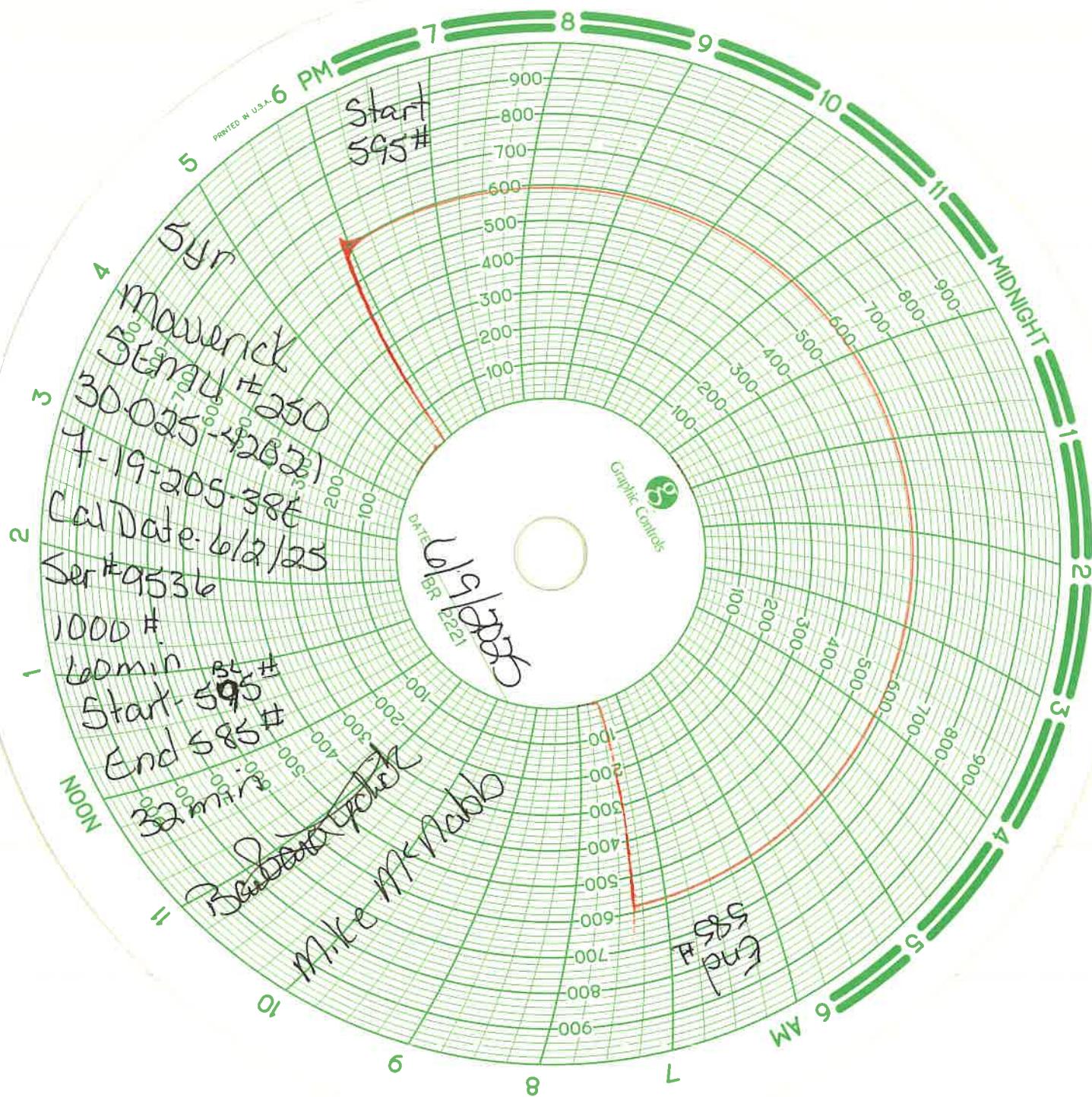
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	O			O	378
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	CO2
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	WTR
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	GAS
Down to nothing	<input checked="" type="radio"/> Y / N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	Type of Fluid Injected for Waterflood & Apples
Gas or Oil	<input checked="" type="radio"/> Y / N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	

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 480918

CONDITIONS

Operator: Maverick Permian LLC 1000 Main Street, Suite 2900 Houston, TX 77002	OGRID: 331199
	Action Number: 480918
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

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