

Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 407531
		WELL API NUMBER 30-015-57451
		5. Indicate Type of Lease Private
		6. State Oil & Gas Lease No.
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.)		7. Lease Name or Unit Agreement Name MAGELLAN WC FEE
1. Type of Well: Gas	8. Well Number 701H	
2. Name of Operator MARATHON OIL PERMIAN LLC	9. OGRID Number 372098	
3. Address of Operator 600 W Illinois Ave, Midland, TX 79701	10. Pool name or Wildcat	
4. Well Location Unit Letter <u>M</u> : <u>969</u> feet from the <u>S</u> line and feet <u>336</u> from the <u>W</u> line Section <u>29</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3167 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____	Other: Spud	<input checked="" type="checkbox"/>
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
1/16/2026 Spudded well. spud 1/16/26 @1am		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE <u>Electronically Signed</u>	TITLE <u>Regulatory Supervisor</u>	DATE <u>1/20/2026</u>
Type or print name <u>Robyn M Russell</u>	E-mail address <u>Robyn.M.Russell@conocophillips.com</u>	Telephone No. <u>432-685-4385</u>
For State Use Only:		
APPROVED BY: <u>Keith Dziokonski</u>	TITLE <u>Petroleum Specialist A</u>	DATE <u>1/20/2026</u>