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 407530

WELL API NUMBER
30-015-57453

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 BS FEE

1. Type of Well:
Oil

8. Well Number
501H

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 M : 1008 feet from the S line and feet 327 from the W line
Section 29 Township 22S Range 27E NMPM County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3167 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTER CASING	☐
TEMPORARILY ABANDON	☐	CHANGE OF PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDON	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
Other:				Other: **Spud**			☒

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.

1/15/2026 Spudded well.

Spud 1/15/26 @1pm

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 ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE	Electronically Signed	TITLE	Regulatory Supervisor	DATE	1/20/2026
Type or print name	Robyn M Russell	E-mail address	Robyn.M.Russell@conocophillips.com	Telephone No.	432-685-4385

For State Use Only:

APPROVED BY:	Keith Dziokonski	TITLE	Petroleum Specialist A	DATE	1/20/2026