

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 87240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

**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  
**PARALLEL PETROLEUM CORPORATION**

3. Address of Operator  
**1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701**

4. Well Location  
 Unit Letter D : 400 feet from the N line and 1880 feet from the E line  
 Section 4 Township 15S Range 26E NMPM CHAVES County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GR 3446

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 \_\_\_\_\_

WELL API NO.  
**30-005-63785**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
**DASH FOR CASH**

8. Well Number  
1

9. OGRID Number  
230387

10. Pool name or Wildcat  
**WILDCAT**

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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

03-27-2006  
 RUN 5.5" CSG, 7.875" HOLE, 17#, SET @ 9019'. CMT W/725 SX INTERFILL C SEM, .25LEM FLOCELE 3/8, 11.9 PPG, 2.45 YIELD/SACK; TAIL W/415 SX ACID SOLUABLE CEMENT, CMT, SEM, 50/50 POZ W/.7% HALAD, 15 PPG, 2.61 CF/SX. 20 CENTRILIZERS. WOC: 12 HOURS. CASING TE

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 Kaye McCormick TITLE SR PROD & REG TECH DATE 04-20-2006

Type or print name KAYE MC CORMICK E-mail address: kmccormick@pl11.com Telephone No. 432-685-6563

For State Use Only  
**FOR RECORDS ONLY** APR 24 2006  
 APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval, if any: