N PARALLEL
Petroleum Corporation

1004 North Big Spring, Suite 400 • Midland, TX 79701 • Ph: 432-684-3727 • Fax: 432-684-3905

January 8, 2007

Sent via CMRRR# 7006 0100 0001 2440 2522

Sharbro Oil Ltd. Attn: Chuck Moran 105 S. Fourth Street Artesia, NM 88210

Re:

Personally 1525-33 No. 1

T-15-S, R-25-E Section 33: N/2

Chaves County, New Mexico

DIVISION CASE # 13864

EXHIBIT # Parallel Petroleum
Submitted By: Parallel Petroleum
2115107

Mr. Moran.

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the N/2 of Section 33, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at an off lease location in the NE/4 NE/4 of Section 32, Township 15 South, Range 25 East, N.M.P.M. and will be drilled to an approximate vertical depth of 4, 750'. The well will then be drilled horizontally to encounter the Wolfcamp objective at a legal location in the NW/4 NW/4 of Section 33 and to a projected orthodox terminus in the NE/4 NE/4 of Section 33.

This well will share a drilling pad with a well operated by Parallel Petroleum in the NE/4 NE/4 of Section 32, Township 15 South, Range 25 East, N.M.P.M. The cost of facilities used by both wells will be allocated equally.

Based on an examination of the mineral ownership records located in Chaves County, New Mexico, it appears that your interest in the proposed well would be a .0072691 decimal interest.

Enclosed please find an Authority for Expenditure estimating the cost of the proposed well. The total cost for the proposed well is estimated to be \$2,601,300.00. Please mark the appropriate space provided below indicating whether or not you intend to join in the drilling of the well. Should you elect to join in the drilling of the well you will be liable for your proportionate share of the actual cost of drilling which is estimated to be

\$18,909.10. If you elect to join, please return a signed copy of the Authority for Expenditure. Additionally, if you elect to join, please furnish us with your well information requirements.

Also enclosed with this letter please find a copy of our pro forma operating agreement for the drilling of this well. A completed "Exhibit A" and signature pages will be provided to all participating parties upon the completion of our compulsory pooling hearing.

If you have any questions or need anything further, please feel free to contact me at the above listed telephone number. Thank you.

Yours truly,

Aaron L. Myers

Consulting Landman

Sharbro Oil, Ltd. I/We elect to participate in the proposed Personally 1525-33 No. 1 well and enclose an executed Authority for Expenditure.
I/We elect not to participate in the proposed well.
Sharbro Oil, Ltd.
By: Name
Title:
Date:

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Sharbro Oil, Ltd. I/We elect to participate in the proposed Personally 1525-33 No. well and enclose an executed Authority for Expenditure. I/We elect not to participate in the proposed well.
Sharbro Oil, Ltd.
By: Name
Title:
Date:

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U.S. Postal Service_{TM}
CERTIFIED MAIL_{TM} RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) WALL THE SE 2522 2522 For delivery information visit our website at www.usps.com 2440 2440 Postage 7000 00TO 9002 rooo ooto Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) Total Postage & Fees 7006 150 44h Street, Apt. No.; or PO Box No. 88210 PS Form 3800, June 2002

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: SHARPSRO DIL LTD. CHICK MARAN	D. Is delivery address different from item 1?
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 1. Article Addressed to: Article Number Transfer from	3. Seprice Type Certified Mail Express Mail C.O.D. Complete Triss Section on Delivery A. Signature C.O.D. Yes Complete Triss Section on Delivery C.O.D. A. Signature C.O.D. A. Signature C.O.
PS Form 3800 June 2002 Domestic Return Receipt	01 2440 2522 PERSONALLY 102595-02-M-10-1