

EXHIBIT A

**APPLICATION OF PARALLEL PETROLEUM CORPORATION.
FOR COMPULSORY POOLING
S/2 OF SECTION 9, TOWNSHIP 15 SOUTH, RANGE 25 EAST, N.M.P.M.
CHAVES COUNTY, NEW MEXICO.**

Rebecca L. Tedischi
550 Mound Ave.
St. Paul, MN 55126

John M. Leverett
P.O. Box 1654
Newport Beach, CA 92659

Bob R. Leverett and Mary Leverett,
Individually and as Trustees of the Leverett
Living Trust, dated January 20, 1984
2328 E. Meadowgrass
Meridian, Idaho 83646

Margie L. Mara
1385 Sunnyside
Clovis, CA 93612

Sue E. Owen
P.O. Box 34
Payson, AZ 85547

Joe B. Leverett, Jr.
11505 Leibacher
Norwalk, CA 90650

New Mexico Department of Transportation
Attn: Secretary Rhonda G. Faught
P.O. Box 1149
Santa Fe, NM 87504-1149

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CERTIFIED MAIL™ RECEIPT
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EVOD/Paralel/Narembena

7006 2760 0001 6391 8596

Postage	\$.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



Bob R. Leverett and Mary Leverett,
 Individually and as Trustees of the
 Leverett Living Trust
 2328 E. Meadowgrass
 Meridian, Idaho 83646

for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

 Bob R. Leverett and Mary Leverett,
 Individually and as Trustees of the
 Leverett Living Trust,
 2328 E. Meadowgrass
 Meridian, Idaho 83646

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *Bob Leverett* Agent Addressee
 X

B. Received by (Printed Name): *Bob LEVERETT* C. Date of Delivery: *7-2-07*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 8596

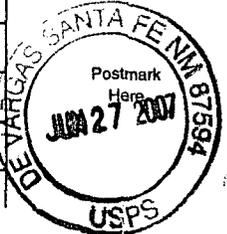
7006 2760 0001 6391 8626

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OMD Parallel / new Emblem

Postage \$ *.58*
Certified Fee *2.65*
Return Receipt Fee (Endorsement Required) *2.15*
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ *5.38*



Joe B. Leverett, Jr.
11505 Leibacher
Norwalk, CA 90650

for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Joe B. Leverett, Jr.
11505 Leibacher
Norwalk, CA 90650

2. Article Number (Transfer from service label) **7006 2760 0001 6391 8626**

COMPLETE THIS SECTION

A. Signature Agent
X Joe B. Leverett Jr. Addressee

B. Received by (Printed Name) C. Date of Delivery
7-2-07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

6858 1691 1000 0922 7006

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EMD Parallel/War Emblem

Postage	\$ 1.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



John M. Leverett
P.O. Box 1654
Newport Beach, CA 92659

For Instructions

SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE)

1. Article Addressed to:
John M. Leverett
P.O. Box 1654
Newport Beach, CA 92659

2. Article Number
(Transfer from service label) 7006 2760 0001 6391 8589

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
X *John M. Leverett* Agent Addressee

B. Received by (Printed Name) _____ **C. Date of Delivery** 2-11-9

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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QMD/Parallel/Wav Emblem

Postage	\$.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



7006 2760 0001 6391 802
2009 T6E9 T000 0922 9002

Margie L. Mara
1385 Sunnyside
Clovis, CA 93612

for instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

GMD/Paralle/Wax Emblem

Postage	\$.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



7006 2760 0001 6391 8565

N. M. Department of Transportation
 Attn: Secretary Rhonda G. Faught
 P.O. Box 1149
 Santa Fe, NM 87504-1149

for instructions

SENDER COMPLETE **CERTIFIED MAIL** **RECEIVED BY ADDRESSEE**

- 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.

1. Article Addressed to:

N..M. Department of Transportation
 Attn: Secretary Rhonda G. Faught
 P.O. Box 1149
 Santa Fe, NM 87504-1149

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

JUL 03 2007

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

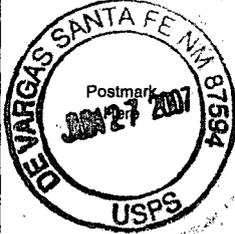
7006 2760 0001 6391 8565

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

PM/D/Parallel/Way Emission

Postage	\$ 1.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



7006 2760 0001 6391 8619

Sue E. Owen
 P.O. Box 34
 Payson, AZ 85547

for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Sue E. Owen
 P.O. Box 34
 Payson, AZ 85547

2. Article Number:
 (Transfer from service label)

7006 2760 0001 6391 8619

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sue E. Owen* Agent Addressee

B. Received by (Printed Name)

Edith Sue Owen

C. Date of Delivery

7-3-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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ONDI Pavallo / Waco Evenden

Postage	\$ 58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



258 8 769 000 0922 9007

Rebecca L. Tedischi
 550 Mound Ave.
 St. Paul, MN 55126

See back for instructions

5210643230

**RETURN RECEIPT
 REQUESTED**

1ST NOTICE 07-11-07
 2ND NOTICE
 RETURN

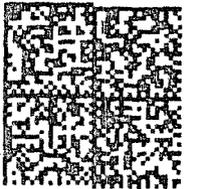
110 North Guadalupe Suite 1 Santa Fe, NM 87501
 P.O. Box 2208 Santa Fe, NM 87504-2208

HOLLAND & HART

7006 2760 0001 6391 8572

**NO SUCH
 NUMBER**

550 Mound Ave.
 St. Paul



Hasler

\$05.380
 Mailed From 87504
 06/27/2007
 US POSTAGE

016416505669

AFFIDAVIT OF PUBLICATION
STATE OF NEW MEXICO

I, Fran Saunders
Legals Clerk

Of the Roswell Daily Record, a daily newspaper published at Roswell, New Mexico do solemnly swear that the clipping hereto attached was published in the regular and entire issue of said paper and not in a supplement thereof for a period of:

one time

beginning with the issue dated

July 1st 2007

and ending with the issue dated

July 1st 2007


Clerk

Sworn and subscribed to before me

this 2nd day of July 2007


Notary Public

My Commission expires
June 13, 2010

(SEAL)

Publish July 1, 2007

NOTICE OF PUBLICATION

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on July 26, 2007, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 16, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13960

Application of Parallel Petroleum Corporation for compulsory pooling, Chaves County, New Mexico. To: Rebecca L. Tedeschi, John M. Leverett, Bob R. Leverett, Mary Leverett, Margie L. Mara, Sue E. Owen, Joe B. Leverett, Jr. and N.M. Dept. of Transportation or their successors, heirs, or devisees. Applicant in the above-styled cause seeks an order pooling all mineral interests from the surface to the base of the Wolfcamp formation in the following described spacing and proration units located in the S/2 of Section 9, Township 15 South, Range 25 East, N.M.P.M., Chaves County, New Mexico; the S/2 for all formations and/or pools developed on 320-acre spacing. Said unit is to be dedicated to its War Emblem 1525-9 Fed. Com Well No. 1 to be drilled at a surface location 1880 feet from the South line and 190 feet from the East line of Section 8, Township 15 South, Range 25 East, a penetration point 1880 feet from the South line and 660 feet from the West line and a bottomhole location 1880 feet from the South line and 660 feet from the East line of Section 9, Township 15 South, Range 25 East, NMPM, Chaves County, New Mexico to test any and all formations from the surface to the base of the Wolfcamp formation. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of Parallel Petroleum Corporation as operator of the well and a charge for risk involved in drilling said well. Said area is located 5 miles northwest of Lake Arthur, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 27th day of June 2007.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director