



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0005 7586 7925

Keith Pratt Daniels
3906 Lemmon Ave., Suite 207
Dallas, Texas 75219

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Before the Oil Conservation Division
Exhibit No. **6**
Parallel Petroleum Corp
OCD CASE 13919
Hearing: July 26, 2007

Dear Mr. Daniels,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.03515625 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 \$1,954,745.00. 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 \$68,721.50. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

number is (432) 687-8663. You can also reach me on my cell phone; the number is (956) 330-4051. Thank you.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Aaron L. Myers', written in black ink.

Aaron L. Myers
Consulting Landman

KEITH PRATT DANIELS

_____ I/We elect to participate in the proposed John Town 1525-29 #1 well
and enclose an executed Authority for Expenditure.

_____ I/We elect not to participate in the proposed well.

KEITH PRATT DANIELS

By: _____
Name

Date: _____

PARALLEL PETROLEUM CORPORATION
P.O. Drawer 10587 + 1004 N. Big Spring, Suite 400
Midland, TX 79702-7587

3-30

RECEIVED

APR 02 2007

PILL-MIDLAND

7006 0810 0005 7586 7925

02 1A
0004601918 MAR 13 2007
MAILED FROM ZIP CODE 79701

\$ 04.88

Name Daniels
1st Notice 3-15
2nd Notice 3-20
Return 3-30

Keith Pratt Daniels
3906 Lemmon Ave., Suite 207
Dallas, Texas 75219

NIXIE

752 SE 1 22 03/28/07

RETURN TO SENDER
UNCLAIMED
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EC: 797027587 *0189-07772-27-42

797027587

SENDER: COMPLETE THIS SECTION

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- 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:

KEITH PRATT DANIELS
3906 LEMMON AVE STE 207
DALLAS, TX 75219

2. Article Number

(Transfer from service label)

7006 0810 0005 7586 7925

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0005 7586 7932

Linda Marie Rast
1202 Marlee Lane
Arlington, Texas 76014

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Rast,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.03515625 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 \$1,954,745.00. 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 \$68,721.50. 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.

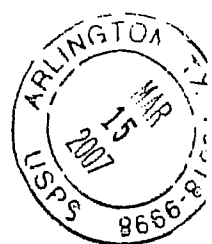
If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

PARALLEL PETROLEUM CORPORATION
P.O. Drawer 10587 + 1004 N. Big Spring, Suite 400
Midland, TX 79702-7587

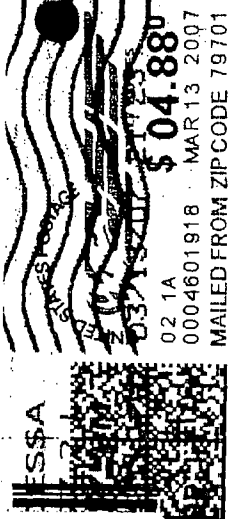
49

APR 10 2007
PILL-MIDLAND

Linda Marie Rast
1202 Marlee Lane
Arlington, Texas 76014



NT
3-15



7006 0810 0005 7586 7932

22 04/05/07
1 SE 08L
EIXIN
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

6056029786-030143014141092

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Linda Marie Rast 1202 Marlee Lane Arlington, TX 76014</p>		<p>A. Signature</p> <p><input checked="" type="checkbox"/> X</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0810 0005 7586 7932</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> C.O.D.</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>102595-02-M-1540</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>			

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

Postmark
Here

Sent To Linda Marie Rast
Street, Apt. No.,
or PO Box No. 1202 Mariner Lane
City, State, ZIP+4 Allen, TX 76014
PS Form 3800, June 2002 See Reverse 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:
Linda Marie Rast
1202 Mariner Lane
Allen, TX 76014

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
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

7006 0810 0005 7586 7932



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0005 7586 7956

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Kelly,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.05859375 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 \$1,954,745.00. 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 \$114,535.84. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

HELENA M. KELLY
P.O. Box 839
Hobbs, NM 88240

2. Article Number

(Transfer from service label)

7006 0810 0005 7586 7949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

PARALLEL PETROLEUM CORPORATION
P.O. Drawer 10587 • 1004 N. Big Spring, Suite 400
Midland, TX 79702-7587

1st NOTICE 3/21
2nd NOTICE _____
RETURNED _____

RECEIVED
MAR 21 2007
BILL-MIDLAND

UNITED STATES POSTAGE
\$04.88⁰
02 1A
0004601918 MAR 13 2007
MAILED FROM ZIP CODE 79701



7006 0810 0005 7586 7949

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

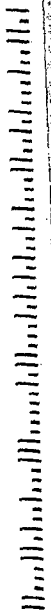
~~8-15~~

10 03/18/07
1 178 NIXIE

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

997027587
882404398

2910-011300-13-3



PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

2. Article Number
(Transfer from service label) 7006 0810 0005 7586 7949

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

Helena M. Kelly
P.O. Box 839

1. Article Addressed to:
- 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.
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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3048

University of Central Oklahoma
Attn: Virginia Ellis
c/o UCO Foundation
100 N. University
Evans Hall 102
Edmond, Oklahoma 73034

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Ellis,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.01171875 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 \$1,954,745.00. 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 \$22,907.17. 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.

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Total Postage & Fees \$

Sent To: UNIVERSITY OF CENT. OK ATTN: VIRGINIA EVANS
Street, Apt. No., or PO Box No. 100 N. UNIVERSITY EVANS HALL 102
City, State, ZIP+4 EDMOND, OK 73034

PS Form 3800, June 2002 See Reverse for Instructions

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1. Article Addressed to:
UNIVERSITY OF CENTRAL OKLAHOMA
ATTN: VIRGINIA EVANS
UCO FOUNDATION
100 N. UNIVERSITY
EVANS HALL 102
EDMOND, OK 73034

2. Article Number
(Transfer from service label)
PS For

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A. Signature
X

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

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

SENDER: COMPLETE THIS SECTION

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- 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:
UNIVERSITY OF CENTRAL OKLAHOMA
ATTN: VIRGINIA EVANS
UCO FOUNDATION
100 N. UNIVERSITY
EVANS HALL 102
EDMOND, OK 73034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature]

B. Received by (Printed Name)
C. Date of Delivery
Krawas 3/13/07

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

7006 0100 0001 2440 3048



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0005 7586 8007

John Brown University
Attn: Jim Krall
2000 W. University
Siloam Springs, AR 72761

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Mr. Krall,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NW/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NW/4 SE/4 of Section 29. The well 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 SE/4 of Section 29 and to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.01171875 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 \$1,954,745.00. 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 \$22,907.17. 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.

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

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PS Form 3800, June 2002

See Reverse for Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN BRANN UNIVERSITY
ATTN: JIM KEAR
2000 W. UNIVERSITY
SILOAM SPRINGS, AR 72761

2. Article Number

(Transfer from service label)

7006 0810 0005 7586 8007

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

SENDER: COMPLETE THIS SECTION

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- 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:

JOHN BRANN UNIVERSITY
ATTN: JIM KEAR
2000 W. UNIVERSITY
SILOAM SPRINGS, AR 72761

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christopher Rasmussen* ☐ Agent ☐ Address

B. Received by (Printed Name)

CHRISTOPHER RASMUSSEN 3/1/04

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.



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0005 7586 8038

Jeanne C. Gifford
3535 SW Kirklawn Ave.
Topeka, Kansas 66611

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Gifford,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NW/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NW/4 SE/4 of Section 29. The well 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 SE/4 of Section 29 and to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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

CERTIFIED MAIL

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 7006 0810 0005 7586 8038
 7006 0810 0005 7586 8038

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To JEANNE C GIFFORD
 Street, Apt. No., or PO Box No. 3535 SW KIRKMAN AVE.
 City, State, ZIP+4 TOPEKA, KS 66611

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>JEANNE C. GIFFORD</u> <u>3535 SW KIRKMAN AVE.</u> <u>TOPEKA, KS</u> <u>66611</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0810 0005 7586 8038</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>Debbie Busby</u></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3093

Vickie Deem Ramsey
121 Woods Lane
Grand Cane, LA 71032

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Ramsey,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.001757813 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 \$1,954,745.00. 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 \$3,436.08. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

3/19

ANK

Vickie Deem Ramsey
121 Woods Lane
Grand Cane, LA 71032

FL 711 T

71032+5508-24-2003

[illegible]

102595-02-M-1540

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

X		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (<i>Printed Name</i>)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT.

P.O. Drawer 10587 + 1004 N. Big Spring, Suite 400
Midland, TX 79702-7587

1st NOTICE 2/1/7
2nd NOTICE _____
RETURNED _____

7006 0100 0001 2440 3111



02 1A \$ 04.00
000460191B MAR 13 2007
MAILED FROM ZIP CODE 79701

\$ 04.880

Daveena Deem Carnes
930 Moss
Gainesville, Texas 76240

NIXIE 750 1

03/17/07

RECEIVED
FOR
RECORD
AND
RESPONSE
TO
DELIVERABLE
NOT

EC: 79702758787

*3102-00295-17-03

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:

DANIELA DEAN CANTRELL

930 Moss

GAINESVILLE TX 76240

COMPLETE THIS SECTION ON DELIVERY

- A. Signature**
X
- ☐ Agent
☐ Addressee

	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
--	---	----------------------------

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 0100 0001 2440 3116
PTE 042 T000 0002

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

CERTIFIED MAIL™

7006 0100 0001 2440 3116
7006 0100 0001 2440 3116

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

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

OFFICIAL USE

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

Postmark
Here

Sent To DAVEENA DEEM CAR
Street, Apt. No.,
or PO Box No. 930 Moss
City, State, ZIP+4 GAINESVILLE, TX

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark
Here

Sent To DAVEENA DEEM CARNES
Street, Apt. No.,
or PO Box No. 930 Moss
City, State, ZIP+4 GAINESVILLE, TX 76240

PS Form 3800, June 2002

See Reverse 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:

DAVEENA DEEM CARNES
930 Moss
GAINESVILLE, TX 76240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C.

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3192

Louise B. Seiwert or Henry G. Seiwert,
as Trustees of the Seiwert Family Trust
11494 S. Scottsdale Drive
Yuma, Arizona 85367

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Mr. or Mrs. Seiwert,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.006510417 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 \$1,954,745.00. 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 \$12,726.21. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

U.S. Postal ServiceTM
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 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

www.usps.com

RECEIPT
 (Coverage Provided)

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

Postmark
 Here

Postmark
 Here

Sent To

Sewert Family Trust
 11494 S. Sotomayor Dr.
 City, State, ZIP+4 Phoenix, AZ 85367

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

11494 S. Sotomayor Dr.
 Phoenix, AZ 85367

See Reverse for Instructions

See Reverse 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:

Lowie B. Sewert or
 Henry G. Sewert,
 Trustees of Sewert Family Trust
 11494 S. Sotomayor Dr.
 Phoenix, AZ 85367

Article Number
 (Transfer from service label)

7006 0100 0001 2440 3192

3 Form 3811, February 2004

Domestic Return Receipt

102595-00

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) L. Sewert Date of Delivery 3/24/07
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Merchandise

☐ Yes



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3208

Martin David Brown
3105 40th Street
Lubbock, Texas 79413

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Mr. Brown,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.000465029625 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 \$1,954,745.00. 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 \$909.01. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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

CERTIFIED MAIL™

7006 0100 0001 2440 3208
7006 0100 0001 2440 3208

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To **MARTIN DAVID BROWN**
Street, Apt. No.,
or PO Box No. **3105 40TH ST.**
City, State, ZIP+4 **Lubbock, TX 79413**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To **MARTIN DAVID BROWN**
Street, Apt. No.,
or PO Box No. **3105 40TH ST.**
City, State, ZIP+4 **Lubbock, TX 79413**

PS Form 3800, June 2002 See Reverse 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:

MARTIN DAVID BROWN
3105 40TH ST.
Lubbock, TX 79413

2. Article Number
(Transfer from service label)

70

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐

If YES, enter delivery address below: ☐

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:

MARTIN DAVID BROWN
3105 40TH ST.
Lubbock, TX 79413

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X DAVID BROWN

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Brown

C. Date of Delivery

3-14-07

D. Is delivery address different from item 1? ☐

If YES, enter delivery address below: ☐

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2.

PS

102595-02-M-1



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3215

Robert Brent Brown
66 Santa Maria Drive
Hegewood, New Mexico 87017

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Mr. Brown,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.000465029625 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 \$1,954,745.00. 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 \$909.01. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

7006 0100 0001 2440 3215
7006 0100 0001 2440 3215

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

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

OFFICIAL USE

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

Postmark
Here

Sent To Robert Brent Brown
Street, Apt. No.,
or PO Box No. 66 SANTA MARIA DR.
City, State, ZIP+4 HEBENWAD, NM 87017

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To Robert Brent Brown
Street, Apt. No.,
or PO Box No. 66 SANTA MARIA DR.
City, State, ZIP+4 HEBENWAD, NM 87017

PS Form 3800, June 2002

See Reverse 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:

Robert Brent Brown
66 SANTA MARIA DR.
HEBENWAD, NM
87017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ ☐

X ☐

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

D. Is delivery address different from item 1? ☐ ☐

If YES, enter delivery address below: ☐

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

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:

Robert Brent Brown
66 SANTA MARIA DR.
HEBENWAD, NM
87017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X Robert B Brown ☐

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

Robert B Brown

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐

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 0100 0001 2440 3215

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3253

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, New Mexico 87110

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Mr. Reeder,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0005425347 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 \$1,954,745.00. 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 \$1,060.52. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

PARALLEL PETROLEUM CORPORATION
P.O. Drawer 10587 • 1004 N. Big Spring, Suite 400
Midland, TX 79702-7587

3-29

RECEIVED
MAR 29 2007
PIL - MIDLAND

CERTIFIED MAIL

7006 0100 0001 2440 3253

UNITED STATES POSTAGE
03/28/07 \$04.88
0004601918 MAR 13 2007
MAILED FROM ZIP CODE 79701

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, New Mexico 87110

- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Vacant
- ☐ No Such Number
- ☐ No Mail Receptacle
- ☐ Not Delivered to Addressee
- ☐ Unable to Reach Addressee
- ☐ Box Closed - No Order
- ☐ Route No. _____ Date _____
- ☐ Cardinals _____

102595-02-M-1540

Domestic Return Receipt

E52E 0442 1000 0070 90043 MAR 2007

MIDLAND/ODESSA TX 797 03/13/07 21:23

- 3. Service Type
 - ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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

A. Signature ☒ Agent ☐ Addressee

COMPLETE THIS SECTION ON DELIVERY

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:

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, NM 87110



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3307

Kenneth Long c/o JoAnn Long
1744 Blume NE
Albuquerque, New Mexico 87112

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Long,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0003611248125 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 \$1,954,745.00. 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 \$705.91. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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Street, Apt. No.,
or PO Box No. 1744 Blume NE
City, State, ZIP+4 Albuquerque NM 87111

PS Form 3800, June 2002

See Reverse for Instr

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Total Postage & Fees	\$

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or PO Box No. 1744 Blume NE
City, State, ZIP+4 Albuquerque NM 87112

PS Form 3800, June 2002

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1. Article Addressed to:

Kenneth Loner
c/o JoAnn Loner
1744 Blume NE
Albuquerque NM

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A. Signature

X

B. Received by (Printed Name)

C.

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SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Kenneth Loner
c/o JoAnn Loner
1744 Blume NE
Albuquerque NM 87112

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X K. Fitzgerald

☒ Agent

☐ Addressee

B. Received by (Printed Name)

K. Fitzgerald

C. Date of Delivery

3-17-7

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Domestic Return Receipt

102595-02-M-1540



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0100 0001 2440 3291

Jimmy Long c/o JoAnn Long
1744 Blume NE
Albuquerque, New Mexico 87112

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Long,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0003611248125 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 \$1,954,745.00. 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 \$705.91. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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Total Postage & Fees	\$

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Sent To Jimmy Long c/o John Long
Street, Apt. No.,
or PO Box No. 1744 Burre NE
City, State, ZIP+4 Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To Jimmy Long c/o John Long
Street, Apt. No.,
or PO Box No. 1744 Burre NE
City, State, ZIP+4 Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

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- 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:

Jimmy Long c/o
John Long

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ /
☒ /
- B. Received by (Printed Name) C. Date c
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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:

Jimmy Long c/o
John Long
1744 Burre NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
K. Fitzgerald 3-17-7
- 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 0100 0001 2440 3291

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7512

Marsha Cochren c/o JoAnn Long
1744 Blume NE
Albuquerque, New Mexico 87112

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Long,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0003611248125 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 \$1,954,745.00. 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 \$228.67. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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☐ Registered
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☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

6. Signature
☒ Agent
☐ Addressee

7. Received by (Printed Name)
K. F. B. A. M. 18

8. Date of Delivery
3-17-7

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

10. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☐ Return Receipt for Merchandise
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11. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

12. 7006 0810 0005 7586 7512

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13. Is delivery address different from item 1? ☐ Yes ☐ No
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14. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.

15. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

16. 7006 0810 0005 7586 7512



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7529

Donald Long c/o JoAnn Long
1744 Blume NE
Albuquerque, New Mexico 87112

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Long,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0003611248125 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 \$1,954,745.00. 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 \$705.91. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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Street, Apt. No., or PO Box No. 1744 Brume NE
City, State, ZIP+4 Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

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Street, Apt. No., or PO Box No. 1744 Brume NE
City, State, ZIP+4 Albuquerque, NM 87112

PS Form 3800, June 2002

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- 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:

Donald Lora
c/o Jo Ann Lora
1744 Brume NE
Albuquerque, NM 87112

COMPLETE THIS SECTION

- A. Signature
X
- B. Received by (Printed Name)
X
- D. Is delivery address different from item 1?
If YES, enter delivery address

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Me
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐

2. Article Number
(Transfer from service label)

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- 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:

Donald Lora
c/o Jo Ann Lora
1744 Brume NE
Albuquerque, NM 87112

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7006 0810 0005 7586 7529

Domestic Return Receipt

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- A. Signature
X K. Fitzgerald ☒ Agent ☐ Addressee
- B. Received by (Printed Name)
K. Fitzgerald
- C. Date of Delivery
3-17-07
- D. Is delivery address different from item 1?
If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7536

JoAnn Long
1744 Blume NE
Albuquerque, New Mexico 87112

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Dear Ms. Long,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.000244141 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 \$1,954,745.00. 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 \$477.23. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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Total Postage & Fees	\$

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Sent To JoAnn Lorton
Street, Apt. No.,
or PO Box No. 1744 Burne NE
City, State, ZIP+4 Albuquerque, NM 87112
PS Form 3800, June 2002 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To JoAnn Lorton
Street, Apt. No.,
or PO Box No. 1744 Burne NE
City, State, ZIP+4 Albuquerque, NM 87112
PS Form 3800, June 2002 See Reverse for Instructions

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- 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:

JoAnn Lorton

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

D. Is delivery address different from item 1
If YES, enter delivery address below:

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:

JoAnn Lorton
1744 Burne NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kevin Fitzgerald ☒ Agent ☐ Addressee

B. Received by (Printed Name) K. Fitzgerald C. Date of Delivery 3-17-09

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

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 0810 0005 7586 7536



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7604

Hanley Petroleum, Inc.
415 W. Wall Street, Suite 1500
Midland, Texas 79701

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

To Whom It May Concern:

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.21 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 \$1,954,745.00. 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 \$410,496.45. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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7006 0810 0005 7586 7604

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

Postmark Here

Sent To: Harvey Petroleum, Inc.
Street, Apt. No., or PO Box No. 415 W. Wynn, Suite 1500
City, State, ZIP+4 Mission, TX 79701

PS Form 3800, June 2002 See Reverse 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:

Harvey Petroleum, Inc.
415 W. Wynn, Suite 1500

COMPLETE THIS SECTION

A. Signature X

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail

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

Postmark Here

Sent To: Harvey Petroleum, Inc.
Street, Apt. No., or PO Box No. 415 W. Wynn, Suite 1500
City, State, ZIP+4 Mission, TX 79701

PS Form 3800, June 2002 See Reverse 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:

Harvey Petroleum, Inc.
415 W. Wynn, Suite 1500
Mission, TX 79701

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 3/14

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



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7611

Eric K. Hanson
P.O. Box 1212
Midland, Texas 79701

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Mr. Hanson,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0125 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 \$1,954,745.00. 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 \$24,434.31. 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.

If you have any questions or need anything further, please to do not hesitate to contact me. You can reach me at the office; my direct dial

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

CERTIFIED MAIL

7006 0810 0005 7586 7611
7006 0810 0005 7586 7611

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

Sent To Eric K. Hanson
Street, Apt. No. or PO Box No. P.O. Box 1212
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

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

Postmark Here

Sent To Eric K. Hanson
Street, Apt. No. or PO Box No. P.O. Box 1212
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse 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:

Eric K. Hanson
P.O. Box 1212

COMPLETE THIS SECTION

A. Signature
X

B. Received by (Printed Name)
Eric K. Hanson

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise

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:

Eric K. Hanson
P.O. Box 1212
Midland, TX 79702

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eric K. Hanson ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Eric K. Hanson

C. Date of Delivery
3/19/07

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



PARALLEL

Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7628

*cc: S. Edwards
m. mylett*

Brett K. Bracken
4505 Mockingbird Lane
Midland, Texas 79707

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Mr. Bracken,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.0025 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 \$1,954,745.00. 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 \$4,886.86. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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

CERTIFIED MAIL

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CERTIFIED MAIL™ RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Brett K. Bracken
 Street, Apt. No.,
 or PO Box No. 4505 Mockingbird Lane
 City, State, ZIP+4 Murano, TX 79707

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark
Here

Sent To Brett K. Bracken
 Street, Apt. No.,
 or PO Box No. 4505 Mockingbird Lane
 City, State, ZIP+4 Murano, TX 79707

PS Form 3800, June 2002

See Reverse 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:

Brett K. Bracken
4505 Mockingbird Ln.

COMPLETE THIS SECTION

- A. Signature
X
- B. Received by (Printed Name)
X
- D. Is delivery address different
If YES, enter delivery address

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:

Brett K. Bracken
4505 Mockingbird Ln.
Murano, TX 79707

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
x Jason Bracken
- B. Received by (Printed Name)
J Bracken
- C. Date of Delivery
3/14/07
- 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 0810 0005 7586 7628

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



PARALLEL Petroleum Corporation

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

March 6, 2007

Sent via CMRRR# 7006 0810 0005 7586 7635

LHAH Properties, LLC
415 W. Wall Street, Suite 1500
Midland, Texas 79701

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

To Whom It May Concern:

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 0.25 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 \$1,954,745.00. 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 \$48,868.63. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office; my direct dial

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

CERTIFIED MAIL

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7006 0810 0005 7586 7635

CERTIFIED MAIL™ RECEIPT
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To LITAH Properties, LLC
Street, Apt. No., or PO Box No. 415 W. Wau St. 1502
City, State, ZIP+4 Midland, TX

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To LITAH Properties, LLC
Street, Apt. No., or PO Box No. 415 W. Wau St. 1502
City, State, ZIP+4 Midland, TX

PS Form 3800, June 2002 See Reverse 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:

LITAH Properties, LLC
415 W. Wau St. 1502

COMPLETE THIS SECTION

- A. Signature
X
- B. Received by (Printed Name)
- D. Is delivery address different
If YES, enter delivery address

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:

LITAH Properties, LLC
415 W. Wau St. 1502
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Rudolf Dizon ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Dizon C. Date of Delivery 3/16
- 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 0810 0005 7586 7635

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



PARALLEL

Petroleum Corporation

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

March 21, 2007

Sent via CMRRR# 7006 0810 0005 7586 8076

Yates Petroleum Corporation
105 S. Fourth Street
Artesia, New Mexico 88210

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

To Whom It May Concern:

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 \$2,299,700. Please mark the appropriate space provided below indicating whether or not you intend to join in the drilling of the well. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office, my direct dial number is (432) 687-8663. You can also reach me on my cell phone, the number is (956) 330-4051. Thank you.

Yours truly,

Aaron L. Myers
Consulting Landman

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

CERTIFIED MAIL™

7006 0810 0005 7586 8076
7006 0810 0005 7586 8076

CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

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

OFFICIAL USE

Sent To Yates Petroleum Corp.
Street, Apt. No., or PO Box No. 105 S. Fourth St.
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse 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:
Yates Petroleum Corp.
105 S. Fourth St.

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

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:

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:
Yates Petroleum Corp.
105 S. Fourth St.
Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 0810 0005 7586 8076

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Melissa Stewart

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Express Mail
Return Receipt for Merchandise
C.O.D.
Extra Fee) ☐ Yes
8076
102595-02-M-1540



PARALLEL

Petroleum Corporation

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

March 21, 2007

Sent via CMRRR# 7006 0810 0005 7586 8069

EOG Resources
Attn: Mr. Rick Lanning
P.O. Box 2267
Midland, Texas 79702

Re: John Town 1525-29 #1
T-15-S, R-25-E
Section 29: S/2
Chaves County, New Mexico

Mr. Lanning,

Parallel Petroleum Corporation proposes the drilling of the above-captioned well to horizontally test the Wolfcamp formation in the South half (S/2) of Section 29, Township 15 South, Range 25 East, N.M.P.M. in Chaves County, New Mexico. The well will be commenced at a location in the NE/4 SE/4 of Section 29, Township 15 South, Range 25 East, N.M.P.M. and penetrate the Wolfcamp formation at an orthodox penetration point in the NE/4 SE/4 of Section 29. The well will be drilled to an approximate vertical depth of 4,750'. The well will then be drilled horizontally to a projected orthodox terminus in the NW/4 SW/4 of Section 29.

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 \$2,299,700. Please mark the appropriate space provided below indicating whether or not you intend to join in the drilling of the well. 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.

If you have any questions or need anything further, please do not hesitate to contact me. You can reach me at the office, my direct dial number is (432) 687-8663. You can also reach me on my cell phone, the number is (956) 330-4051. Thank you.

Yours truly,

Aaron L. Myers
Consulting Landman

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7006 0810 0005 7586 8069

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OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here 1
Sent To EDG Resources Street, Apt. No., or PO Box No. P.O. Box 2267 City, State, ZIP+4 MIDLAND TX 79702	
PS Form 3800, June 2002 See Reverse 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: EDG Resources ATTN: Rick Lanning P.O. Box 2267	COMPLETE THIS SECTION ON DELIVERY A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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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: EDG Resources ATTN: Rick Lanning P.O. Box 2267 MIDLAND, TX 79702	COMPLETE THIS SECTION ON DELIVERY A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) DELL C. Date of Delivery 3/23/07 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7586 8069 102595-02-M-1540
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		7006 0810 0005 7586 8069 102595-02-M-1540
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt		