

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

APPLICATION OF PARALLEL PETROLEUM
CORPORATION FOR COMPULSORY POOLING
CHAVES COUNTY, NEW MEXICO.

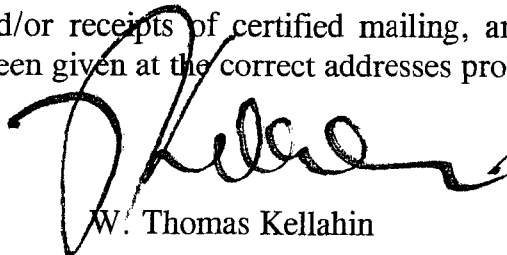
CASE NO. 14040

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

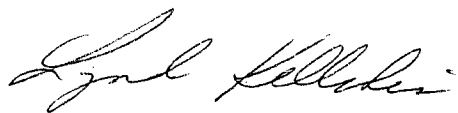
Before the Oil Conservation Division
Exhibit No. 4
Parallel Petroleum Corp
OCD CASE 14040
Hearing: December 13, 2007

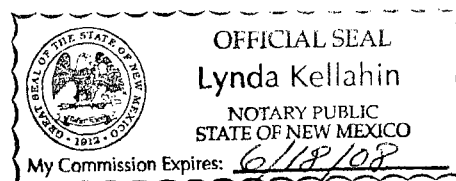
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on November 8, 2007, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing (attached as Exhibit "A") and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for December 13, 2007 to the parties shown in the attached Exhibit "B" and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 12th day of December 2007, by W. Thomas Kellahin


Lynda Kellahin, Notary Public
My Commission Expires: June 18, 2008



KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

November 8, 2007

CERTIFICATE MAIL-RETURN RECEIPT REQUESTED
NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

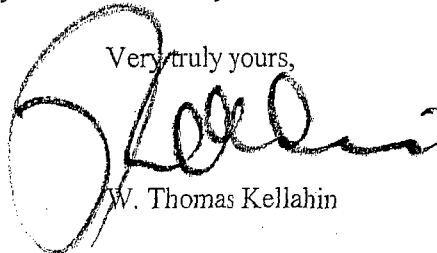
*Re: Application of Parallel Petroleum Corporation to re-instate
Division Order R-12798 for Compulsory Pooling,
Chaves County, New Mexico*

On behalf of Parallel Petroleum Corporation, please find enclosed our application for an order re-instate Order R-12798 that compulsory pooled S/2 of Section 29, T15S, R25E, Eddy County, NM to be dedicate to its John Town 1525-29 Well No. 1 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for at 8:15 am on December 13, 2007. The hearing will be held at the Division hearing room located at 1220 South St. Francis Drive, Santa Fe, New Mexico.

You are not required to attend this hearing, but as an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Rule 1208.B, parties appearing in cases are required to file a Pre-Hearing Statement with the Division not later than 5:00 pm on Thursday, December 6, 2007, with a copy delivered to the undersigned. This statement must include: a summary of your position, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and the identification of any procedural matters that are to be resolved prior to the hearing. In addition, the Division will impose a 200% risk charge unless you declare in this Pre-Hearing Statement that you intend to oppose it. Please note that the burden of proof as to this issue will be yours. If you have any questions about this case you may contact Aaron Myers at 432-688-3699.

Very truly yours,



W. Thomas Kellahin

EXHIBIT "B" TO APPLICATION
11/5/07 NOTICE LIST FOR RE-INSTATED ORDER JOHNTOWN WELL

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

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

Jeanne C. Gifford
3535 SW Kirlawn Ave.
Topeka, KS 66611

Louise B. Seiwert or Henry G. Seiwert, Trustees
Seiwert Family Trust
11494 S. Scottsdale Drive
Yuma, AZ 85367

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

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

Marsha Wade Cockrell
313 County Road 2900
Aztec, NM 87410

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

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

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

Brett K. Bracken
4505 Mockingbird Lane
Midland, TX 79707

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701

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.

Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 4/13/07
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7005 1820 0003 8431 7777
Transfer from service label

Domestic Return Receipt

Form 3811, February 2004 102595-02-M-1540

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 Pos

Sent To
Street, Apt. or PO Box
City, State

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

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.

Article Addressed to:

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 4/13/07
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7005 1820 0003 8431 7708
Transfer from service label

Domestic Return Receipt

Form 3811, February 2004 102595-02-M-1

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 Pos

Sent To
Street, Apt. or PO Box
City, State

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

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 79701

2. Article Number

(Transfer from service label)

7005

1820 0003 8431 7753

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature Eric K. Hanson ☐ Agent
B. Received by (Printed Name) Eric K. Hanson ☐ Addressee
C. Date of Delivery 11-14-07
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: zip code 79702

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

- 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:

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

2. Article Number

(Transfer from service label)

7005

1820 0003 8431 7746

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) [Signature] ☐ Addressee
C. Date of Delivery 11-13
D. Is delivery address different from item 1? ☐ Yes
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

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 Post

Sent To
Street, Apt. or PO Box
City, State

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

PS Form 3811, February 2004

9422 TEH8 E000 0287 5002

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 Post

Sent To
Street, Apt. or PO Box
City, State

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

PS Form 3811, February 2004

9422 TEH8 E000 0287 5002

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:

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

COMPLETE THIS SECTION ON DELIVERY

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

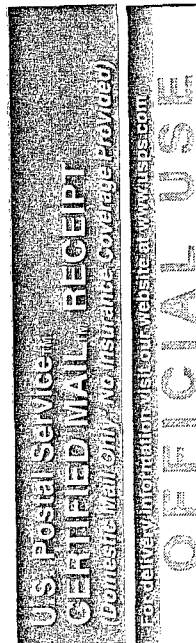
3. Service Type ☐ Express Mail
☐ Certified Mail ☐ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 7715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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

Postmark Here

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

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

7005 1820 0003 8431 7715

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:

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

COMPLETE THIS SECTION ON DELIVERY

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

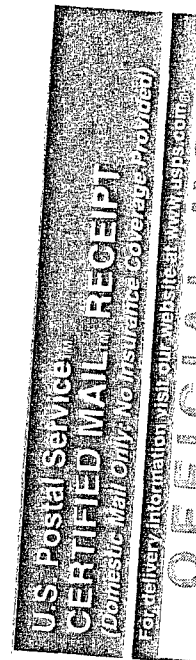
3. Service Type ☐ Express Mail
☐ Certified Mail ☐ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 7739

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-



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

Postmark Here

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

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

7005 1820 0003 8431 7739

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:

Jeanne C.
35 GIFFORDS* 666112224 LB06 13
NOTIFY SENDER OF NEW ADDRESS
TO: GIFFORD/JEANNE C
3220 SW ALBRIGHT DR
TOPEKA KS 66614-4707

2. Article Number

(Transfer from service label)

7005 1820 0003 8431 7692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Deborah Hartman

☐ Agent

B. Received by (Printed Name)

Deborah Hartman

C. Date of Delivery

D. Is delivery address different?

NO

NOV 20 2007

Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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)	

Postmark
Here

Total Postage

Sent To

Street, Apt. N
or PO Box N
City, State, Z

Jeanne C. Gifford
3535 SW Kirlawn Ave.
Topeka, KS 66611

PS Form 3811, February 2004

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

2692 7E48 E000 0287 5002

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

Postmark
Here

Total Post

Sent To _____

Street, Apt.,
or PO Box # _____

City, State, & _____

Jeanne C. Gifford
3535 SW Kirkclawn Ave.
Topeka, KS 66611

PS Form 3811, February 2004

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

0922 7E48 E000 0287 5002

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

Postmark
Here

Total Post

Sent To _____

Street, Apt.,
or PO Box # _____

City, State, & _____

Brett K. Bracken
4505 Mockingbird Lane
Midland, TX 79707

PS Form 3811, February 2004

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:

Marsha Wade Cockrell
313 County Road 2900
Aztec, NM 87410

2. Article Number
(Transfer from service label)

7005 1820 0003 8431 7722

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature _____ ☐ Agent
- B. Received by (Printed Name) **Marsha Wade Cockrell** ☒ Address
- C. Date of Delivery _____ ☐ Yes
- D. Is delivery address different from item 1? ☐ 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

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

2222 7E48 E000 0287 5002

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

Postmark
Here

Marsha Wade Cockrell
313 County Road 2900
Aztec, NM 87410

Total Post

Sent To _____

Street, Apt.,
or PO Box # _____

City, State, & _____

PS Form 3811, February 2004

Kellahin & Kellahin
Attorneys At Law
706 Gonzales Rd.
Santa Fe, NM 87501

LH 11/23

7005 1820 0003 8431 7784

164
0751
4316
05.380
NOV 08 07
MAILED FROM SANTA FE NM 87501

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701
Tope NIXIE 4005 1 06 11/15/07

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER
1ST NOTICE
2ND NOTICE
RETURN
11/23

6661189999

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)	

Postmark
Here

Total Post

Sent To
Street, Apt.,
or PO Box #
City, State, .

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701
Topeka, KS 66611

PS Form 3800, July 2007 See Reverse for Instructions

7005 1820 0003 8431 7784

Kellahin & Kellahin
Attorneys At Law
706 Gonzales Rd.
Santa Fe, NM 87501

7005 1820 0003 8431 7791

147
0711 # 05.380 PB8560508
4305 MAILED FROM SANTA FE NM 87501

Louise B. Seiwert or
Henry G. Seiwert, Trustees
Seiwert Family Trust
11494 S. Scotts
Yuma, AZ 85367

830 SE 1 40 12/04/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EC: 87501874408 *1579-02776-10-15

875018744

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)	

Postmark
Here

Total F

Louise B. Seiwert or

Henry G. Seiwert, Trustees

Seiwert Family Trust

11494 S. Scottsdale Drive

Yuma, AZ 85367

Sent To

Street,
or PO B

City, St

U.S. Form 3800, 11/16/2002 See Instructions

CERTIFIED MAIL

Kellahin & Kellahir
Attorneys At Law
706 Gonzales Rd.
Santa Fe, NM 87501

7005 1820 0003 8431 7603

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

138
0771 05.380 NOV 08 07
4306 MAILED FROM SANTA FE NM 87501

NIXIE 871 SE 1 70 11/15/07

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 87501874406 *0258-02581-08-44

82240193338730108744

|||||

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

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

Sent To
Street, Apt.
or PO Box
City, State

5892 7E48 3000 0287 5002