

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-005-63783
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: BOLD VENTURE
8. Well Number 1
9. OGRID Number 230387
10. Pool name or Wildcat WILDCAT, WOLF CAMP GAS, 97489

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

SUNDRY NOTICES AND REPORTS ON WELL 30-005-63783  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	2. Name of Operator PARALLEL PETROLEUM CORPORATION
3. Address of Operator 1004 N. BIG SPRING, SUITE 400, MIDLAND TX 79701	4. Well Location Unit Letter <u>B</u> : <u>400</u> feet from the <u>NORTH</u> line and <u>1880</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>14-S</u> Range <u>26-3</u> NMPM County <u>CHAVES</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3414	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: PERF & STIMULATE <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-25-2006:

PERF & FRACTURE STIMULATED:

STAGE 1: 8530-32, 9220-23 (36 HOLES)

STAGE 2: 7630-32, 7850-52, 8020-12, 8130-32, 8340-42 (36 HOLES)

STAGE 3: 6520-22, 6680-82, 7050-52, 7350-52, 7510-12 (36 HOLES)

STAGE 4: 5370-72, 5530-32, 5990-92, 6120-22, 6340-42 (36 HOLES)

TOTAL STIMULATION PUMPED: 16,600 BBL FRESH WATER, 728 TONS CO<sub>2</sub>, 305,000# PROPPANT @ AVB PRESS 6500 PSI & AVG RATE 56 BPM. TVD OF PERFS: 5251-5283

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Kaye McCormick TITLE SR PROD & REG TECHNICIAN DATE 11-28-2006

Type or print name KAYE MC CORMICK

E-mail address: kmccormick@pl11.com  
Telephone No. 432-685-6563

For State Use Only

Accepted for record - NMOCD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11/30/06

Conditions of Approval, if any: