

# 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 to 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 black ink, appearing to read "Aaron L. Myers", with a long horizontal flourish extending to the right.

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 3207

7006 0810 0005 7586 7925

02 1A \$ 04.88  
0004601918 MAR 13 2007  
MAILED FROM ZIP CODE 79701

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 BE 1 22 09/28/07  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
EC: 7970227587 \*0189-07772-27-42

7970227587

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:

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  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



**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.

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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-MIDLANT

7006 0810 0005 7586 7932

02 1A  
 0004601918 MAR 13 2007  
 MAILED FROM ZIP CODE 79701  
 \$04.88



NT  
 3-15

Linda Marie Rast  
 1202 Marlee Lane  
 Arlington, Texas 76014

22 04/05/07  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 SIXIN

95702750767 7006 0810 0005 7586 7932

95702750767-0005 7586 7932

2. Article Number (Transfer from service label) 7006 0810 0005 7586 7932  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Linda Marie Rast  
 1202 Marlee Lane  
 Arlington, TX 76014

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

APR 10 2007  
 4. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

5. Signature  X  
 Agent  
 Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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

CERTIFIED MAIL

7006 0810 0005 7586 7932

U.S. Postal Service  
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://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 Linda Marie Rast  
 Street, Apt. No., or PO Box No. 1202 Marie Lane  
 City, State, ZIP+4 Arlington 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 MARIE LANE  
ARLINGTON, TX 76014

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Addressee  Agent

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 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL**

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7006 0810 0005 7586 7949  
7006 0810 0005 7586 7949

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

Sent To HELENA M. Kelly  
Street, Apt. No.;  
or PO Box No. Box 839  
City, State, ZIP+4 Hobbs, NM 88240

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:  
HELENA M. Kelly  
P.O. Box 839  
Hobbs, NM 88240

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
X  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  
 FULL-MIDLAND

UNITED STATES POSTAGE  
 \$ 04.88<sup>0</sup>  
 02 1A  
 0004601918 MAR 13 2007  
 MAILED FROM ZIP CODE 79701



7006 0810 0005 7586 7949

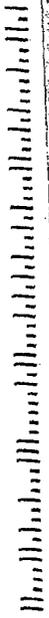
Helena M. Kelly  
 P.O. Box 839  
 Hobbs, NM 88240

~~15~~

10 03/18/07  
 RETURN TO SENDER  
 SUFFICIENT ADDRESS  
 UNABLE TO FORWARD  
 NIXIE 1 179

26720275867949

BC: 26720275867949



PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

1. Article Addressed to:  
 HELENA M. KELLY  
 P.O. Box 839  
 Hobbs, NM 88240

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  X  
 Agent

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

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR REGISTERED MAIL



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

Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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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)

**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:  
 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  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Krowas 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, AND AT DOTTED LINE

**CERTIFIED MAIL**

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 7006 0810 0005 7586 8007  
 7006 0810 0005 7586 8007

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

Postmark  
Here

Sent To John Brown University  
 Street, Apt. No. or PO Box No. 2000 W. UNIVERSITY  
 City, State, ZIP+4 SILVER SPRING, AR 72761

PS Form 3800, June 2002 See Reverse for Instructions

**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 Brown University  
ATTN: Jim Keane  
2000 W. UNIVERSITY  
SILVER SPRING, AR 72761

2. Article Number  
 (Transfer from service label) 7006 0810 0005 7586 8007

**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 Brown University  
ATTN: Jim Keane  
2000 W. UNIVERSITY  
SILVER SPRING, AR 72761

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Christopher Rasnick  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
CHRISTOPHER RASNICK 3/19/04

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**

7006 0810 0005 7586 8038  
 7006 0810 0005 7586 8038  
 7006 0810 0005 7586 8038

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Postage	\$
Certified Fee	
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 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. GIFFORD  
3535 SW KIRKMAN AVE.  
TOPEKA, KS  
66611

2. Article Number  
 (Transfer from service label) 7006 0810 0005 7586 8038

**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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Debbie Busby  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery



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 to 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

1st NOTICE 3/19  
 2nd NOTICE \_\_\_\_\_  
 RETURNED \_\_\_\_\_

ANK  
 Vickie Deem Ramsey  
 121 Woods Lane  
 Grand Cane, LA 71032

UNITED STATES POSTAGE  
 13 01 21 1991 BOWEN  
 \$ 04.88  
 02 1A  
 0004601918 MAR 13 2007  
 MAILED FROM ZIP CODE 79701

7006 0100 0001 2440 3093

BC: 2910-20197-19-34  
 7006 0100 0001 2440 3093  
 RETURN TO SENDER  
 ATTEMPTED -  
 UNABLE TO FORWARD  
 NIXIX T T12 00 03/16/07

71032+55049294+20012

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102993-02-M-1940

7006 0100 0001 2440 3093

121 Woods Lane  
 Grand Cane, LA  
 71032  
 Vickie Deem Ramsey

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

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

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1st NOTICE 3118  
 2nd NOTICE \_\_\_\_\_  
 RETURNED \_\_\_\_\_

*WTF  
 C-11107  
 3-16-07  
 RW*

**Daveena Deem Carnes**  
**930 Moss**  
**Gainesville, Texas 76240**

7006 0100 0001 2440 3118

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

NOT AFFIXED AT THIS POINT. PRINT NUMBER 3118-07  
 PLACED HERE TO THE RIGHT OF THE ENVELOPE FOR TRACKING PURPOSES ONLY.

75240957542934

NIXIE 760 1  
 RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 FORWARD  
 EC: 79702759797 \*2102-00295-17-03  
 09/17/07

**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  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

2. Article Number  
 (Transfer from service label)

7006 0100 0001 2440 3118

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**  
(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 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

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt
- 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 Service™ RECEIPT**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

**RECEIPT**  
 Coverage Provided

[www.usps.com](http://www.usps.com)

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total Postage & Fees \$

Postmark  
 Here

Postmark  
 Here

Sent To

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

City, State, ZIP+4

Schwartz Family Trust  
 11494 S. Sattson Ave. Dr.  
 Phoenix, AZ 85367

by Trust  
 Sattson Ave. Dr.  
 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:

YOU: B. SEWERT OR  
 HENRY G. SEWERT,  
 TRUSTEE OF SEWERT FAM. TRUST  
 11494 S. SATTSON AVE 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

B. Received by (Printed Name)  Addressee

Date of Delivery  Delivery

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

If YES, enter delivery address below:

3/24/07

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Merchandise

Yes



**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 40<sup>th</sup> 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 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 0100 0001 2440 3208  
7006 0100 0001 2440 3208

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

For delivery information visit our website at [www.usps.com](http://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™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://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  Agent  Address
- 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

**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.

PS

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Address
- 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

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 HEBREW, NM 87017

PS Form 3800, June 2002

See Reverse for Instructions

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

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

**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 HEBREW, 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.  
HEBREW, NM  
87017

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  /  /
- 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.  
HEBREW, NM  
87017

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- 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



**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 to 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  
 PULL-MIDLAND

CERTIFIED MAIL™

7006 0100 0001 2440 3253

Gerald Vincent Reeder  
 4605 Bryan NW  
 Albuquerque, New Mexico 87110

UNITED STATES POSTAGE  
 02 1A  
 03/28/07  
 0004601918  
 \$04.880  
 MAR 13 2007  
 MAILED FROM ZIP CODE 79701



- Insufficient Address
- Moved, Left No Address
- Unclaimed  Returned
- Attempted - Not Known
- No Such Street  Vacant
- No Such Number
- No Mail Box Applicable
- Not Delivered to Addressee
- Unable to Deliver
- Box Closed - No Order
- Route No. \_\_\_\_\_ Date \_\_\_\_\_
- Card/Initials \_\_\_\_\_

102595-02-M-1540

Midland Post Office

ES2E 0442 1000 0070 90043 MAR 2007

MIDLAND ADDRESS TX 797 03 13 09 21:23

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

FOR THE PROTECTION OF THE ENVELOPE TO THE RIGHT



# 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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
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7006 0100 0001 2440 3307  
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Total Postage & Fees	\$

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Sent To Kenneth Losen c/o JoAnn Losen  
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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Sent To Kenneth Losen c/o JoAnn Losen  
Street, Apt. No.,  
or PO Box No. 1744 Blume NE  
City, State, ZIP+4 Albuquerque NM 87112

PS Form 3800, June 2002

See Reverse for Instr

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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:

Kenneth Losen  
c/o JoAnn Losen  
1744 Blume NE  
Albuquerque, NM

**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:

**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 Losen  
c/o JoAnn Losen  
1744 Blume NE  
Albuquerque, NM 87112

2. Article Number  
(Transfer from service label)

7006 0100 0001 2440 3307

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
**X** K. Fitzgerald  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  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



# 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

PLACE STICKER AT TOP OF MAILPIECE TO RECEIVE CERTIFIED MAIL SERVICE. FOLD AT DOTTED LINE.

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7006 0100 0001 2440 3291

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

Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	
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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 Brunne NE  
 City, State, ZIP+4 Arbuckle, NM 87112

PS Form 3800, June 2002 See Reverse for Instructions

**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:

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?  /  
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:

Jimmy Long c/o  
John Long  
1744 Brunne NE  
Arbuckle, NM 87112

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 K. Fitzgerald  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



# 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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A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Date of Delivery  
*KEITH BARNARD 3-17-77*

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  No

Domestic Return Receipt  
 102595-02-M-1540

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  No

87112  
 7006 0810 0005 7586 7512

12  
 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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Total Postage & Fees	\$

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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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 7006 0810 0005 7586 7529

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Total Postage & Fees	\$

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Sent To Donald Lora c/o JoAnn Lora  
 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 JoAnn Lora  
1744 Brume NE  
Albuquerque, NM 87112

**COMPLETE THIS SECTION**

- A. Signature  
**X**
- B. Received by (Printed Name)
- 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

7006 0810 0005 7586 7529

**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 Lora  
c/o JoAnn Lora  
1744 Brume NE  
Albuquerque, NM 87112

2. Article Number

(Transfer from service label)

7006 0810 0005 7586 7529

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
**X K. Fitzgerald**     Agent  
 Addressee
- B. Received by (Printed Name) K. Fitzgerald
- C. Date of Delivery 3-17-07
- 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 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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**CERTIFIED MAIL™**

7536 7586 7536  
7006 0810 0005 5005 7586 7536  
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To JoAnn Lantz  
Street, Apt. No., or PO Box No. 1744 Burne NE  
City, State, ZIP+4 Albuquerque, NM 871  
PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**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 JoAnn Lantz  
Street, Apt. No., or PO Box No. 1744 Burne NE  
City, State, ZIP+4 Albuquerque, NM 871  
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:  
JoAnn Lantz

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]

B. Received by (Printed Name)  
[Blank]

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 Lantz  
1744 Burne NE  
Albuquerque, NM 87112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  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

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

**CERTIFIED MAIL**

7006 0810 0005 7586 7604  
7006 0810 0005 7586 7604

**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 Harvey Petroleum, Inc.  
 Street, Apt. No., or PO Box No. 415 W. Wynn, Suite 1500  
 City, State, ZIP+4 MIDLAND, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

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

**COMPLETE THIS SECTION**

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 \_\_\_\_\_

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

3. Service Type  
 Certified Mail  Express Mail

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

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

2. Article Number  
 (Transfer from service label) 7006 0810 0005 7586 7604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 3/14

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 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 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

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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

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

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

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- 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)  
 \_\_\_\_\_

D. Is delivery address different? If YES, enter delivery address  
 \_\_\_\_\_

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

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

2. Article Number (Transfer from service label)  
7006 0810 0005 7586 7611

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Eric K. Hanson  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
Eric K. Hanson 3/19/07

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



# 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

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

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

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

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

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**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:  
Brett K. Bracken  
4505 Mockingbird Ln.

**COMPLETE THIS SECTION**

- A. Signature  
X
- B. Received by (Printed Name)  
J Bracken
- 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  Agent  Addressee
- 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



# 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

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Total Postage & Fees	\$	

Sent To: **LIAAH Properties, LLC**  
 Street, Apt. No., or PO Box No.: **415 W. Wau Str. 1500**  
 City, State, ZIP+4: **Middletown, TX**

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5992 9852 5000 0780 9007

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

Sent To: **LIAAH Properties, LLC**  
 Street, Apt. No., or PO Box No.: **415 W. Wau Str. 1500**  
 City, State, ZIP+4: **Middletown, TX**

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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:  
**LIAAH Properties, LLC**  
**415 W. Wau Str. 1500**

**COMPLETE THIS SECTION**

A. Signature  
 X

B. Received by (Printed Name)

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

**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:  
**LIAAH Properties, LLC**  
**415 W. Wau Str. 1500**  
**Middletown, TX 74701**

2. Article Number  
 (Transfer from service label)  
**7006 0810 0005 7586 7635**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Rudolf D. Dixon*

B. Received by (Printed Name)  
**Dixon**

C. Date of Delivery  
**3/16**

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

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 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 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 to 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.  
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1. Article Addressed to:  
 YATES Petroleum Corp.  
 105 S. Fourth St.

**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

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1. Article Addressed to:  
 YATES Petroleum Corp.  
 105 S. Fourth St.  
 Artesia, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X Melissa Stewart

B. Received by (Printed Name)  
 MELISSA STEWART

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

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



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

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

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1. Article Addressed to:  
**EDG Resources**  
**ATTN: Rick Lanning**  
**P.O. Box 2267**

**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

**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**  Agent  Addressee

B. Received by (Printed Name) **DELL** C. Date of Delivery **3/23/07**

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

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 7586 8069