

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

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

May 27, 2004

WELL API NO. 30-005-63785
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: DASH FOR CASH
8. Well Number 001
9. OGRID Number 230387
10. Pool name or Wildcat WILDCAT

SUNDRY NOTICES AND REPORTS ON WELLS
(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-104) 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 STREET, SUITE 400, MIDLAND, TEXAS 79701
4. Well Location Unit Letter <u>D</u> : <u>400</u> feet from the <u>NORTH</u> line and <u>1880</u> feet from the <u>EAST</u> line Section <u>4</u> Township <u>15S</u> Range <u>26E</u> NMPM County <u>CHAVEZ</u>

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3446'

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 _____

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: PERF & FRACTURE 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.

7-10-06 WELL PERF'D & FRACTURE STIMULATED

STAGE 1 8920-22, 8790-92, 8670-72, 8540-42, 8230-32, STAGE 2 7960-62, 7760-62, 7570-72, 7440-42, 7290-92
STAGE 3 7010-12, 6850-52, 6700-02, 6540-42, 6420-22, STAGE 4 6200-02, 6020-22, 5880-82, 5710-12, 5570-72
EACH INTERVAL FRAC'D USING 400 GAL 15% NEFE, 180,000 GAL FW, 90 TONS CO2, 40,000# 20/40 BRN SND & 40,000 # 100 MESH WHITE SND. EACH STAGE WAS EMPD @ A MAX OF 80 BPM & A MAX OF 5500 PSI. TOTAL TREATMENT FOR ALL 4 STAGES; 16,000 GAL ACID, 18,500 BBLs FW, 360 TON CO2, 160,000# 20/40 SND, 160,000# 100 MESH WHITE SND.

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 TECH DATE 08-15-06

Type or print name KAYE MC CORMICK

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

For State Use Only

Accepted for record - NMOCD

APPROVED BY _____ TITLE _____ DATE 8/21/06

Conditions of Approval, if any: