

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French  
District II  
1301 W. Grand  
District III  
1000 Rio Brazos Rd.,  
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. 30-015-35134
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: DREWFOED'S BOOM BOX 1921-19 STATE COM
8. Well Number 1
9. OGRID Number 230387
10. Pool name or Wildcat WOLFECAMP; WILDCAT

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

SUNDRY NOTICES AND REPORTS ON 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-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	2. Name of Operator PARALLEL PETROLEUM CORPORATION
3. Address of Operator 1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701	4. Well Location Unit Letter <u>D</u> : <u>710</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>19</u> Township <u>19S</u> Range <u>21E</u> NMPM County <u>CHAVES</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 4448	

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

12-03-2006: SET 20" CONDUCTOR @ 120'; OMT TO SURFACE; MIRU, SPUD @ 1030 AM

12-05-2006: RUN 9.625" CSG, 12.25" HOLE, 36#, SET @ 1530

LEAD 1: 200 SX C + 10# KOLSEAL + 1/8#CF, 9.5 PPG, 7.65 YLD,

LEAD 2: 180 SX H 10% A-10 + 10# LOMI + 1/8#CF+2% CACL2, 14.6 PPG, 1.5 YLD

LEAD 3: 400 SX 35/65/6 C + 10# LOMI + 1.8# CF+2% CACL2, 11.6 PPG, 2.61 YLD

TAIL: 400 SX C + 2% CACL, 14.8 PPG, 1.34 YLD

5 CENTRALIZERS; TOC: DID NOT CIRCULATE, 335' BY TEMP SURVEY, TOP W/1" CIRCULATED, 10 SX TO SURFACE

WOC: 38 HOURS; TEST CSG 1200 PSI FOR 30 MINUTES

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 M. McCormick TITLE SR PROD & REG TECH DATE 12-19-2006

Type or print name KAYE MC CORMICK

E-mail address: kmccormick@plll.com

Telephone No. 432-685-6563

For State Use Only

APPROVED BY Accepted for record - NMOCD TITLE \_\_\_\_\_ DATE 12/21/06  
Conditions of Approval, if any: