

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
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

Form C-103  
May 27, 2004

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

WELL API NO. <b>30-005-63882</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>Riva Ridge 1426-36</b>
8. Well No. 1
9. OGRID Number
10. Pool name or Wildcat <b>Wildcat; Wolfcamp</b>

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

**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 ☐ Gas Well ☐ Other x **APR 21 2008**

2. Name of Operator  
**Parallel Petroleum Corporation** **OCD-ARTESIA**

3. Address of Operator  
**1004 N. Big Spring St. Ste. 400, Midland, TX 79701**

4. Well Location  
Unit Letter **M** : **760** feet from the **South** line and **225** feet from the **West** line  
Section **16** Township **14 S** Range **26 E** NMPM County **Chaves**

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

<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

4/07/08 MIRU plugging equipment.  
4/08/08 Bled down well. Pump 100 bbls. of brine. NU BOP. Start in hole with work string. SDFN.  
4/09/08 RIH w/ workstring to 5520. Pump 70 bbls of mud laden fluid. Spot 50 sx. cement @ 5520. Pull out of cement, WOC 4 hrs. Tag plug @ 5000'. POH to 4700'. Pump 40 bbls of mud. Spot 25 sx. cement @ 4700'. Pull out of cement. Close well in for night.  
4/10/08 RIH w/ tbg. and tag plug @ 4430'. Circulated hole w/ mud laden fluid. POH to 3250'. Spot 25 sx @ 3250. WOC 4 hrs. Tag plug @ 2978'. POH to 1500'. Spot 25 sx. @ 1500'. WOC 4 hrs. Tag plug @ 1240'. POH to 200'. Circulate 30 sx. cement to surface. SDFN.  
4/11/08 Cut off Well head. Weld on Dry Hole Marker. Rig down move off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, [www.emnrd.state.nm.us/oecd](http://www.emnrd.state.nm.us/oecd).

ACCEPTED FOR RECORD

APR 22 2008

Gerry Guye, Deputy Field Inspector  
NMOC-District II ARTESIA

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE *Guye M. McCormick* TITLE SR PROD & REG TECHNICIAN DATE 04-17-2008

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
**For State Use Only**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_