

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

IN THE MATTER OF THE APPLICATION OF
PARALLEL PETROLEUM CORPORATION
FOR COMPULSORY POOLING,
CHAVES COUNTY, NEW MEXICO.

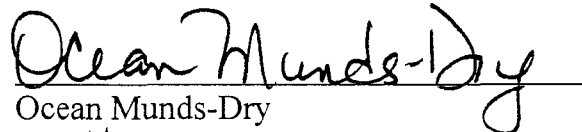
CASE NO. 13864

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

DIVISION CASE # 13864
EXHIBIT # 39
Submitted By: Parallel Petroleum
2/15/07

Ocean Munds-Dry, attorney in fact and authorized representative of Parallel Petroleum Corporation, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.


Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 24th day of January 2007 by Ocean Munds-Dry.


Notary Public

My Commission Expires: 3/28/08



December 19, 2006

U.S. MAIL

Re: Application of Parallel Petroleum Corporation for compulsory pooling, Chaves County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Parallel Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests from the surface to the base of the Wolfcamp formation in certain spacing and proration units in the N/2 of Section 33, Township 15 South, Range 25 East, N.M.P.M., Chaves County, New Mexico. Said pooled units are to be dedicated to Parallel's Personally 1525-33 Well No. 1 to be drilled at an unorthodox surface location 760 feet from the North line and 147 feet from the East line of Section 32, Township 15 South, Range 25 East and will penetrate the top of the Wolfcamp formation at 760 feet from the North line and 660 feet from the West line and a bottomhole location 760 feet from the North line and 660 feet from the East line of Section 33, Township 15 South, Range 25 East, NMPM, Chaves County, New Mexico to an approximate depth of 4750 feet to test any and all formations from the surface to the base of the Wolfcamp formation.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 18, 2007. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

Ocean Munds-Dry
ATTORNEY FOR PARALLEL PETROLEUM
CORP.

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

CND Parallel Certified Fee	Postage	\$ 1.87
	Return Receipt Fee (Endorsement Required)	2.40
	Restricted Delivery Fee (Endorsement Required)	1.55
	Total Postage & Fees	\$ 5.12

DE MORGANVILLE, NEW JERSEY 07032
 DEC 21 1986
 155

Sent To Jessie Ruth Boyd Barr
P. O. Box 191
Ballinger, Texas 76831
 City, State, ZIP+4
 PS Form 3800-4

MAIL
 Returned

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

CND Parallel Certified Fee	Postage	\$ 1.87
	Return Receipt Fee (Endorsement Required)	2.40
	Restricted Delivery Fee (Endorsement Required)	1.55
	Total Postage & Fees	\$ 5.12

DE MORGANVILLE, NEW JERSEY 07032
 DEC 21 1986
 155

Sent To Peter R. Bayer
1613 Roverglen Court
Paso Robles, CA 93446
 City, State, ZIP+4
 PS Form 3800-4

MAIL
 Returned

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

0 1 2 3 4 5 6 7 8 9

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To Timothy O. Bayer
Street, Apt. No.; 2501 W. Bulia
or PO Box No. Payson, AZ 85541
City, State, ZIP+

PS Form 3800

7001 1140 0000 8556 5476

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

0 1 2 3 4 5 6 7 8 9

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To Bobby G. Boyd
Street, Apt. No. P. O. Box 1120
or PO Box No. Plainview, Texas 79073-1120
City, State, ZIP+

PS Form 3800

7001 1140 0000 8556 5476

MAIL
 Returned

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

OFFICIAL USE

PMD Postage \$.87
 Parallel Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.83
 Restricted Delivery Fee (Endorsement Required) 5.12
 Total Postage & Fees \$ 10.22

Sent To Emily Katherine Flint Boyd
 Street, Apt. No., or PO Box No. 2806 Hayden
 City, State, ZIP+ 4 Amarillo, Texas 79109

PS Form 3800, J

DEC 21 2004
 DE WASH DC
 SANTA FE NM 87504

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

OFFICIAL USE

PMD Postage \$.87
 Parallel Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.55
 Restricted Delivery Fee (Endorsement Required) 5.12
 Total Postage & Fees \$ 10.94

Sent To Dominion Oklahoma Texas
 Exploration & Production
 Street, Apt. No., or PO Box No. 14000 Quail Spring Pkwy, Ste 600
 City, State, ZIP+ 4 Oklahoma City, OK 73134

PS Form 3800, J

DEC 21 2004
 DE WASH DC
 SANTA FE NM 87504

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:

Emily Katherine Flint Boyd
 2806 Hayden
 Amarillo, Texas 79109

2. Article Number 7001 1140 0002 9558 9176
(Transfer from service lat)

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, or on the front if space permits.

1. Article Addressed to:

Dominion Oklahoma Texas
 Exploration & Production
 14000 Quail Spring Pkwy, Ste 600
 Oklahoma City, OK 73134

2. Article Number 7001 1140 0002 9558 9176
(Transfer from service lat)

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x Tommy Boyd* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *EMILY BOYD* C. Date of Delivery
- 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

COMPLETE THIS SECTION ON DELIVERY

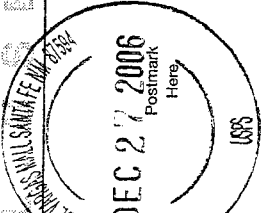
- A. Signature *x [Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery *12-29*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

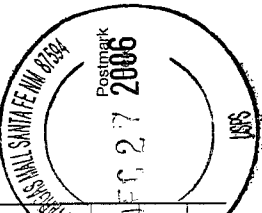
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

0676 9556 2000 0111 7002

O F F I C I A L U S E	
Postage \$.87	
Certified Fee 2.40	
Return Receipt Fee (Endorsement Required) 1.85	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 5.12	
Sent To Margaret Louise Doyle and John Stevens Doyle Street, Apt. No.; or PO Box No. 3747-66 Campana South City, State, ZIP+4 Oceanside, CA 92054	
PS Form 3800, Jan.	

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

4426 9556 2000 0111 7002

O F F I C I A L U S E	
Postage \$.87	
Certified Fee 2.40	
Return Receipt Fee (Endorsement Required) 1.85	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 5.12	
Sent To Elaine B. Flint Street, Apt. No.; or PO Box No. 2125 Thomas Drive City, State, ZIP+4 Las Cruces, NM 88001	
PS Form 3800, Jan.	

Mail
 Returned

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

2226 8556 2000 0477 7002

Postage \$ 1.87
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.65
Restricted Delivery Fee (Endorsement Required) 5.12
Total Postage & Fees \$ 10.04

Sent To Sacramento Partners Limited
Partnership
Street, Apt. No.; 105 S. Fourth Street
or PO Box No.
City, State, ZIP+ 4 Roswell, NM 88210

PS Form 3800, 10-2003

DEC 27 2006
105 S. FOURTH STREET, NM 88210

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

2226 8556 2000 0477 7002

Postage \$ 1.87
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.65
Restricted Delivery Fee (Endorsement Required) 5.12
Total Postage & Fees \$ 10.04

Sent To Spiral, Inc.
P. O. Box 1933
Street, Apt. No. or PO Box No Roswell, NM 88202
City, State, ZIP+ 4

PS Form 3800, 10-2003

DEC 27 2006
105 S. FOURTH STREET, NM 88210

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:

Sacramento Partners Limited
Partnership
105 S. Fourth Street
Artesia, NM 88210

2. Article Number
(Transfer from seal)

7001 1140 0002 9558 9220

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Melissa Stastny* ☒ Agent ☐ Addressee
- B. Received by *MELISSA STASTNY* ☒ Restricted Delivery ☐ Signature Required
- 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 ☐ 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:

Spiral, Inc.
P. O. Box 1933
Roswell, NM 88202

2. Article Number
(Transfer from service)

7001 1140 0002 9558 9237

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *LOLI GAY* ☒ Date of Delivery *12/27/06*
- 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 ☐ No

Sent To Rosemary Flint Wayne
1422 Glenbrook Terrace
Oklahoma City, OK 73116

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

City, State, ZIP+ 4

PS Form 3800, Jan 1992

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:

Rosemary Flint Wayte
1422 Glenbrook Terrace
Oklahoma City, OK 73116

2. Article Number
(Transfer from service lt 7000

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>X</i> <i>William J. Smith</i>		Agent <input type="checkbox"/> Addressee <input type="checkbox"/>
B. Received by (Printed Name) _____		C. Date of Delivery _____
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: fit-content; margin: 0 auto;"> OKLAHOMA CITY, OK JAN 5 2007 U.S. AIR MAIL </div>		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

102595-02-M-1540 ;