

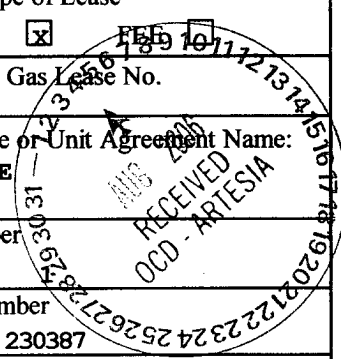
Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

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

WELL API NO. 30-005-63783
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
6. State Oil & Gas Lease No. 13031-123456789
7. Lease Name or Unit Agreement Name: BOLD VENTURE
8. Well Number 13031-123456789
9. OGRID Number 230387
10. Pool name or Wildcat WILDCAT, WOLFECAMP GAS, 97489



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

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 B : 400 feet from the NORTH line and 1880 feet from the EAST line
 Section 27 Township 14-S Range 26-3 NMPM County CHAVES

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 GR: 3414

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 _____

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.

06-10-06: SPUD
 06-13-06: RUN 9-5/8" CSG, 12.25" HOLE, 36#, SET @ 1405; CMT W/550 SX 50/50 POZ W/.5% CELLO 5% GEL, 11.6 PPG, 2.61 YIELD LEAD. TAIL W/300 SX CL C W/2% CACL 14.8 PPG, 1.34 YIELD, 7 CENTRALIZERS.
 CIRC 38 SX TO PIT, TOC: SURFACE; WAIT ON CMT 27 HOURS. TEST CASING @ 1000 PSI FOR 30 MINUTES.
 06-25-06: RUN 7" CSG, 8-3/4" HOLE, 23# W/26# SHOE JOINT SET @ 4875; CMT W/500 SX 65/35/10 POZ C W/5% GEL, 5% SALT, 0.4% FL-52, 0.25 PPS CELLO FLAKE, 12.5 PPG, 2.05 YIELD LEAD. TAIL W/200 SX CL C W/1% CA CL 14.8 PPG, 1.34 YIELD, 100 CENTRALIZERS.
 CIRC 27 SX TO PIT, TOC: SURFACE; WAIT ON CMT 23 HOURS. TEST CASING @ 800 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 McCormick TITLE SR PROD & REG TECHNICIAN DATE 08-02-2006
 E-mail address: kmccormick@plll.com

Type or print name KAYE MC CORMICK Telephone No. 432-685-6563

For State Use Only
 APPROVED BY Jim W. Green TITLE District II Supervisor DATE 8/7/06

Conditions of Approval, if any: