

Submit 3 Copies to Appropriate District Office
District I 1625 N. French Ave., Hobbs, NM 87240
District II 1301 W. Central 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. 30-005-63851
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: GATE DANCER 1525-32
8. Well Number 1
9. OGRID Number 230387
10. Pool name or Wildcat 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 ☐ 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 A : 760 feet from the NORTH line and 165 feet from the EAST line
Section 32 Township 15S Range 25E NMPM County CHAVES

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR: 3476

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.

11-29-06: 20" CONDUCTOR SET @ 120'; CMT TO SURFACE; MIRU & SPUD.
12-01-06: RUN 9.625 CSG, 12.25 HOLE, 36#, SET @ 1054; CMT W/
LEAD 1: 200 SX PREMIUM PLUS + 10# DIAMOND SEAL, 9.5 PPG, 7.65 YLD,
LEAD 2: 100 SX PREMIUM PLUS THIXSET COMPOUND A + 0.25% WG-17, 14 PPG, 1.53 YLD,
LEAD 3: 350 SX LIGHT PP + 5# GILSONITE + 2% CACL2, 12.4 PPG, 2.04 YLD
TAIL: 300 SX PP + 2% CACL2, 14.8 PPG, 1.34 YLD
5 CENTRALIZERS; TOC: DID NOT CIRCULATE, 480' BY TEMP SURVEY; CIRCULATE 6 HBL TO SURFACE W/1"
WOC: 28 HRS; TEST CSG 1200 PSI FOR 30 MIN

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 12-19-2006
E-mail address: kmccormick@pl11.com
Type or print name KAYE MC CORMICK 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: