

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007



SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM NM 105853
2. Name of Operator PARALLEL PETROLEUM CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 1004 N BIG SPRING, SUITE 400, MIDLAND TX 79701	3b. Phone No. (include area code) 432-685-6563	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SURFACE: 450 FSL & 760 FEL, SEC 10, T19S, R21E ACTUAL: PP: 718 FSL & 1616 FEL, SEC 10, T19S, R21E ACTUAL: EHL: 659 FSL & 1380 FWL, SEC 10, T19S, R21E***		8. Well Name and No. JUKE BOX 1921-10 1Y FEDERAL
		9. API Well No. 30-015-35026-35347
		10. Field and Pool, or Exploratory Area FOUR MILE DRAW, WOLFCAMP
		11. County or Parish, State EDDY CO NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other PERF:STIM
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	TBG
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

12-08 — 12-28-06: PERF 4550 - 7313, 0.54" DIAM, 144 HOLES
STIM W/15% ACID, SLICK WATER, 20/40 & 30/70 SAND
01-25-07: 2-3/8 TBG SET, SN @ 4470
FIRST PRODUCTION BEGAN THIS DATE.

NON-STANDARD LOCATION APPROVED BY NMCD. ATTACHED IS COPY OF APPROVAL.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) KAYE MC CORMICK	Title SR PROD & REG TECHNICIAN
<i>Kaye McCormick</i>	Date 03-21-2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.