

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

May 27, 2004

WELL API NO.

30-005-63916

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

NATIVE DANCER 1525-28

8. Well Number

1

9. OGRID Number

230387

10. Pool name or Wildcat

WALNUT CREEK - WOLF CAMP GAS POOL

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

MAR 27 2008

2. Name of Operator

PARALLEL PETROLEUM CORPORATION

OCD-ARTESIA

3. Address of Operator

1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701

4. Well Location

Unit Letter D : 760 feet from the NORTH line and 168 feet from the WEST lineSection 28 Township 15S Range 25E NMPM NM County CHAVES

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

GR: 3469

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: PERF/STIM ☐

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.

02-13-2008: PERF MD: 5300 - 8923, TVD: 4863 - 4922, 0.42 DIAMETER, 144 HOLES

STIM W/15% HCL, SLICK WATER, 20/40 BRADY SAND IN 4 STAGES

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 03-26-2008Type or print name KAYE MC CORMICKE-mail address: kmccormick@plll.comTelephone No. 432-685-6563

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval, if any:

Accepted for record - NMOCD