

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

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



Form C-103
May 27, 2004

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	WELL API NO. 30-005-63978
2. Name of Operator PARALLEL PETROLEUM CORPORATION	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>H</u> : <u>1880</u> feet from the <u>NORTH</u> line and <u>208</u> feet from the <u>EAST</u> line Section <u>15</u> Township <u>15S</u> Range <u>253</u> NMPM County <u>CHAVES</u>	7. Lease Name or Unit Agreement Name: FORTY NINER 1525-15 B
	8. Well Number 3
	9. OGRID Number 230387
	10. Pool name or Wildcat WALNUT CREEK WOLFCAMP GAS POOL 97631
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3486	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: EXTENSION OF A P D <input checked="" 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.

REQUEST A P D FOR SUBJECT WELL BE EXTENDED FOR ONE YEAR FROM CURRENTLY APPROVED EXPIRATION DATE.
WE PLAN TO DRILL THIS WELL IN THE NEAR FUTURE.

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 07-10-2008
E-mail address: kmccormick@plll.com
Type or print name KAYE MC CORMICK Telephone No. 432-685-6563

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
Conditions of Approval, if any:

Accepted for record - NMOCD