

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
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.	30-005-63779
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	AFFIRMED
8. Well Number	001
9. OGRID Number	230387
10. Pool name or 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 N : 400 feet from the S line and 1880 feet from the W line  
Section 33 Township 14S Range 26E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GR 3446

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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/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.

SPUD: 12-31-05

01-01-06: RUN 13.375" FSG IN 17.5" HOLE, 54.5#, set @ 307'. CMT W/190 SX CL C + FLOCELE @ 14.8 PPG, 1.35 CF/SACK YIELD; TAIL W/250 SX CL C + 2% CALCIUM CHLORIDE @ 14.8 PPG, 1.35 CF /SACK YIELD, 5 CENTRALIZERS, CIRC TO SURFACE, CIRC 125 SX TO PIT

01-02-06 RUN 9.625" CSG in 12.25" HOLE, 36# SET @ 1307'. CMT W/300 SX INTERFILL C + .25 LBM FLOCELE; TAIL W/300 SX CL C + 2% CALCIUM CHLORIDE, 5 CENTRALIZERS. NOT CIRCULATED; CONDUCTED SURVEY 1" @ 434', CIRCULATE CMT TO SURFACE.

RECEIVED

FEB 16 2006

OCU-ARTESIA

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 02-15-2006

Type or print name KAYE MC CORMICK E-mail address: kmccormick@p111.com Telephone No 432-685-6563  
**For State Use Only**

FEB 21 2006

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any) \_\_\_\_\_

FOR RECORDS ONLY

Note casing pressure test & time