

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88213  
District III  
1000 Rio Brazos Rd., Aztec, NM 87412  
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. <b>30-005-63839</b>
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: <b>ALYSHEBA 1426-34</b>
8. Well Number <b>1</b>
9. OGRID Number <b>230387</b>
10. Pool name or Wildcat <b>WILDCAT; WOLFECAMP</b>

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 FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other _____	11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3414'</b>
2. Name of Operator <b>PARALLEL PETROLEUM CORPORATION</b>	
3. Address of Operator <b>1004 N. BIG SPRING STREET, SUITE 400, MIDLAND, TEXAS 79701</b>	
4. Well Location Unit Letter <b>D</b> : <b>300'</b> feet from the <b>WEST</b> line and <b>760'</b> feet from the <b>NORTH</b> line Section <b>34</b> Township <b>14S</b> Range <b>26E</b> NMPM County <b>CHAVEZ</b>	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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: COMPLETION: PERF & STIMULATE <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.

09-30-2006:

PERF & FRACTURE STIMULATED:

STAGE 1: 9250-53; 8900-02; 8520-22 (36 HOLES)

STAGE 2: 8170-73; 7760-62; 7400-02 (36 HOLES)

STAGE 3: 6970-73; 6620-23; 6310-12 (36 HOLES)

STAGE 4: 6100-03; 5870-72; 5620-22 (36 HOLES)

TOTAL STIMULATION PUMPED: 17,300 BBL FRESH WATER, 595 TON CO2, 318,000# PROPPANT @ AVG PRESS 6400 PSI @  
AVG RATE OF 56 BPM. TRUE VERTICAL DEPTH OF PERFS: 5269-5307

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 11-13-2006  
Type or print name KAYE MC CORMICK E-mail address: kmccormick@plll.com Telephone No. 432-685-6563

For State Use Only

FOR RECORDS ONLY

NOV 16 2006

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