

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88211  
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. <b>30-005-63782</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>ASSAULT</b>
8. Well Number <b>1</b>
9. OGRID Number <b>230387</b>
10. Pool name or Wildcat <b>WILCAT, WOLF CAMP GAS 97489</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 C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	2. Name of Operator <b>PARALLEL PETROLEUM CORPORATION</b>
3. Address of Operator <b>1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701</b>	4. Well Location Unit Letter <b>D</b> : <b>400</b> feet from the <b>N</b> line and <b>760</b> feet from the <b>2</b> line Section <b>27</b> Township <b>14S</b> Range <b>263</b> NMPM <b>NM</b> County <b>CHAVES</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>GR: 3424</b>	

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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>PERF; STIM; TEG</b> <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.

01-10-2007:

PERF 5320 - 8883 MD; 5158 - 5225 TVD, 0.42 DIAMETER, 144 HOLES.

STIMULATE W/15% ACID, SLICKWATER, 30/70 & 20/40 SAND, 15% CO2

2-3/8 TUBING SET @ 5414

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 03-09-2007

Type or print name **KAYE MC CORMICK**

E-mail address: **kmccormick@pl11.com**

Telephone No. **432-685-6563**

For State Use Only

APPROVED BY Accepted for record - NMOCD TITLE \_\_\_\_\_ DATE 3/13/07

Conditions of Approval, if any: