

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-63916
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator PARALLEL PETROLEUM CORPORATION		6. State Oil & Gas Lease No.
3. Address of Operator 1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name: NATIVE DANCER 1525-28
4. Well Location Unit Letter D : 760 feet from the NORTH line and 168 feet from the WEST line Section 28 Township 15S Range 25E NMPM NM County CHAVES		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3469		9. OGRID Number 230387
10. Pool name or Wildcat WALNUT CREEK - WOLF CAMP GAS POOL		
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	
<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 checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: SPUD/SURF CSG <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.

12-20-2007: SET 16" CONDUCTOR PIPE @ 120' W/RAITHOLE UNIT

01-23-2008: MIRU DRILLING RIG, SPUD @ 1900 HOURS

01-24-2008: RUN 8-5/8 CSG, 11" HOLE, 24# SET @ 1070

LEAD#1: 100 SX THIXOTROPIC + 10# CAL-SEAL+2% CACL+10# GILSONITE+1/4# POLY-E-FLAKE, 14 PPG, 1.7 YLD

LEAD#2: 150 SX HALLIBURTON LIGHT PP + 5# GILSONITE+1% CACL, 12.4 PPG, 2.03 YLD

TAIL: 300 SX HALLIBURTON PP+1% CACL, 14.8 PPG, 1.34 YLD

5 CENTRALIZERS

TOC: CIRCULATE 99 SX TO SURFACE WOC: 14.75 HR, TEST CSG TO 1000 PSI FOR 30 MINUTES.

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 02-01-2008

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

FEB 07 2008

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval, if any: