

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

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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.)		WELL API NO. 30-005-63917
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" 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: SMARTY JONES 1525-9
4. Well Location Unit Letter <u>A</u> : <u>760</u> feet from the <u>NORTH</u> line and <u>190</u> feet from the <u>EAST</u> line Section <u>8</u> Township <u>15S</u> Range <u>25E</u> NMPM County <u>CHAVES</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3539		9. OGRID Number
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat WALNUT CREEK-WOLFCAMP GAS POOL
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: X <input checked="" 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: PERF/FRAC/IP <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.

01-25-2008: PERF & FRACTURE STIMULATE IN 4 STAGES:

MD: 5290-7-23, 6340-6953, 7250-7853, 8080-8962, 36 HOLES

TVD: 4807-4823, 4832-4848, 4851-5862, 4870-4881,

ALL 0.42" DIAMETER, 144 HOLES TOTAL

FRAC 15% HCL NEFE ACID, 20/40 BRADY SAND, SLICK WATER @ AVERAGE RATE OF 80 BPM @ 5500 PSI

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

APPROVED BY _____ TITLE _____ DATE FEB 07 2008

Conditions of Approval, if any: