

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

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-005-63880</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

**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 <input type="checkbox"/>	MAY 23 2008	7. Lease Name or Unit Agreement Name: JOHN TOWN 1525-29
2. Name of Operator PARALLEL PETROLEUM CORPORATION	OCD-ARTESIA	8. Well Number 1
3. Address of Operator 1004 N BIG SPRING, SUITE 400, MIDLAND, TX 79701		9. OGRID Number 230387
4. Well Location Unit Letter <u>I</u> : <u>1880</u> feet from the <u>SOUTH</u> line and <u>255</u> feet from the <u>EAST</u> line Section <u>29</u> Township <u>15S</u> Range <u>25E</u> NMPM County <u>CHAVES</u>		10. Pool name or Wildcat WALNUT CREEK WOLF CAMP GAS POOL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3481		
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

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 checked="" 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 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.

05-07-08: SET 16" CONDUCTOR @ 120' W/RATHOLE UNIT  
05-08-08: MIRU, SPUD @ 1230 PM  
05-09-08: RUN 8-5/8 CSG, 11" HOLE, 24# SET @ 1062  
OIT LEAD: 450 SX HALLIBURTON LIGHT PP + 2# PHENO SEAL + 1% CACL, 12.4 PPG, 2.04 YLD  
TAIL: 400 SX HALLIBURTON PP + 1% CACL, 14.8 PPG, 1.34 YLD  
5 CENTRALIZERS  
TOC: CIRCULATE 175 SX TO SURFACE  
WOC: 22 HOURS, TEST CSG 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 05-22-2008  
E-mail address: kmccormick@plll.com  
Type or print name KAYE MC CORMICK Telephone No. 432-685-6563

For State Use Only

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

Accepted for record - NMOCD