

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. 30-005-63830
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		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 79702		7. Lease Name or Unit Agreement Name: FOREGO 1525-16B
4. Well Location Unit Letter <u>B</u> : <u>300</u> feet from the <u>NORTH</u> line and <u>1880</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>15S</u> Range <u>25E</u> NMPM <u>X</u> County <u>CHAVES</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3424		9. OGRID Number 230387
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 _____		10. Pool name or Wildcat WILDCAT, WOLF CAMP

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 checked="" 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.

09-02-06: SPUD WELL @ 8:30 AM

09-07-06:

RUN 9.625" CSG, 12.25" HOLE, 36# SET @ 1426; CMT W/550 SX 50/50/10 C +5% SALT, 11.6 PPG, 2.61 YIELD  
TAIL W/200 SX CL C+2% CACL, 14.8 PPG, 1.32 YIELD  
5 CETRALIZERS; CIRC 11 SX TO PIT  
WOC: 63 HOURS, TEST CSG 500 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/closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Kaye McCormick TITLE SR PROD & REG TECH DATE 09-25-2006

Type or print name KAYE MC CORMICK

E-mail address: kmccormick@plll.com

Telephone No. 432-685-6563

For State Use Only

APPROVED BY District II Supervisor TITLE \_\_\_\_\_ DATE 9/29/06

Conditions of Approval, if any: