| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE | HUBBS OFFICE OFF | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| U.S.G.S. LAND OFFICE OPERATOR | | State State Oil & Gas Lease No. |
| DO NOT USE THIS FORM FOR USE "APPLI | DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR CATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| 1. OIL GAS GAS WELL | OTHER. DRY HOLE | 8. Form or Lease Name |
| 2. Name of Operator | TEXACO Inc. | Flats Unit |
| 3. Address of Operator | P. O. Box 728 - Hobbs, New Mexico | 1 |
| 4. Location of Well UNIT LETTER | -660 C.G.C. South LINE AND 1945 | 10. Field and Pool, or Wildcat Wildcat |
| THE East LINE, SE | CTION 28 TOWNSHIP 8-S RANGE | NMPM. ()))))))))))))))))))))))))))))))))))) |
| | 15. Elevation (Show whether DF, RT, GR, etc.) 42981 (D. F.) | 12. County Roosevelt |
| | Report Appropriate Box To Indicate Nature of Notice, Report subs | rt or Other Data EQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQE OTHER | ALTERING CASING |
| 0THER | d Operations (Clearly state all pertinent details, and give pertinent dates, | including estimated date of starting any proposed |
| work) SEE RULE 1103. | | |
| | Total Depth - 10,000' 4 1/2" O. D. Casing Cemented at 4 | 850 |
| The sub | oject well has been plug and abandoned as for | llows: |

Squeeze perforations 4678' to 4714' with 100 Sx. cement. 1.

Squeeze perforations 4598' to 4636' with 100 Sx. cement. 2.

Cut off and recover 4 1/2" O. D. Casing at 3543'. 3.

4. Spot 35 Sx. cement plug from 3500' to 3600', (Top of 4 1/2" Casing)

5. Spot 20 Sx. cement surface plug from O' to 50' inside 11 3/4" Casing.

6. Clean the location for inspection by the New Mexico Oil Conservation Commission, install 4" marker extending 4' above ground level. Plug and abandon complete 10:00 A. M. February 24, 1966.

| 18. I hereby certify that the information above is true and complete to the best of my knowledge | and belief |
|--------------------------------------------------------------------------------------------------|------------|

| SIGNED Car Filler | TITLE | Assistant District | DATE | February 28, 1966 |
|---------------------------------|-------|--------------------|------|-------------------|
| Dan Gillett | TITLE | Superintendent | DATE | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | |