Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ene..., Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-23622

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
LG-5750

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.)

7. Lease Name or Unit Agreement Name

JURNEGAN STATE COM

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

MAY ...
RECEIVED
OCD - ARTESIA

2. Name of Operator

W. A. MONCRIEF, JR.

8. Well No.
1

3. Address of Operator

MONCRIEF BUILDING, 9TH @ COMMERCE, FORT WORTH, TEXAS   76102

9. Pool name or Wildcat
STRAWN

4. Well Location

Unit Letter ___C___ : ___660___ Feet From The ___NORTH___ Line and ___1980___ Feet From The ___WEST___ Line

Section   8   Township   24S   Range   25E   NMPM   EDDY   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3914' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: RECOMPLETE TO ADD STRAWN S-1   [X]

12. 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.

   SEE ATTACHED.

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

SIGNATURE _Karen McGovern_   TITLE __AGENT__   DATE __5/1/98__

TYPE OR PRINT NAME   KAREN MCGOVERN

TELEPHONE NO. (817) 336-7232

(This space for State U**ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY_____   TITLE _____   DATE __5-20-98__

CONDITIONS OF APPROVAL, IF ANY: