Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		June 19, 2008		
1625 N. French Dr., Hobbs, NM 88240 District II	OH GOVGERNAL MANAGEMENT		WELL API NO. 30005614990000		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE		
District IV	Santa Fe, NMI 8/303		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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		
1. Type of Well: Oil Well A Gas Well Other			8. Well NumberCanno	on Fee no. 003	
2. Name of Operator			9. OGRID Number		
JAM Oil, LLC 3. Address of Operator			256430 10. Pool name or Wildcat		
PO Box 1382 Artesia, NM 88211			10. Foot name of windcat		
4. Well Location					
Unit Letter :	feet from the	line and	feet from the	line	
Section 17	Township 10S				
	11. Elevation (Show whether	r DR, RKB, RT, GR, etc	·) [] - (A) (A)	The Architecture	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
— I				ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS			ND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	NT JOB		
DOWNANCE COMMINGE					
OTHER:		I	turn to production		
13. Describe proposed or complete of starting any proposed wo or recompletion.	eted operations. (Clearly staterk). SEE RULE 1103. For M				
Cannon Fee no. 3 was returned to production. A pump jack was set and rigged up a pulling unit and ran a pump and 38 rods into the hole. Had good pump action. Pressure tested well and results were good. Waited on electricity to be set by a professional. 2-14-09 started well and now producing.					
	176	WCD			
•		F			
				•	
Spud Date:	Rig Relea	se Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE AMOUNDS	TITLE_	President	DATE	3-29-09	
Type or print name Amanda Johnson E-mail address: awanda johnson a plakau PHONE: 746-1154 For State Use Only tel. net					