## UNITED STATES

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells	<del></del>
5.	Lease Number SF-078439
1. Type of Well GAS	If Indian, All. or Tribe Name
	Unit Agreement Name
2. Name of Operator  BURLINGTON  OIL & GAS COMPANY  OIL & GAS COMPANY	
8.	Well Name & Number
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 9.	Johnston Federal #24 API Well No. 30-045-27348
4. Location of Well, Footage, Sec., T, R, M 10.	Field and Pool
820'FNL, 895'FEL, Sec.12, T-30-N, R-9-W, NMPM	Basin Fruitland Coal County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER	DATA
Type of Submission Type of Action	
_X_ Notice of Intent Abandonment Change of Pl _X_ Recompletion New Construc	
Subsequent Report Plugging Back Non-Routine	
Casing Repair Water Shut o	
Final Abandonment Altering Casing Conversion to Other -	o Injection
13. Describe Proposed or Completed Operations	
It is intended to recomplete the subject well during the fourth in the following manner:	quarter 2000
TOOH with 75 joints 2-7/8" 6.5# J-55 tubing. GIH with 6-1/4" b	it & CO to TD @ 2704'
Run a 4-1/2" 10.5# K-55 liner and cement in place with Class B	cement.
Perforate & fracture stimulate the Fruitland Coal formation wit	h a sand-laden fluid.
Land a 2-3/8" 4.7# J-55 production tubing string near the lower	-most perforations.
Return the well to production.	
14. I hereby certify that the foregoing is true and correct.	
Signed Clagy (Ole (DM) Title Regulatory Administrator Date	e 4/10/00 TLW
(This space for Federal or State Office use)  APPROVED BY WAYNF TOWNSEND Title  CONDITION OF APPROVAL, if any:	4/13/10
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisd:	agency of the iction.