WELLFILE CONTACT INFORMATION

OPERATOR NAME: Murphy Op Co

WELL ID: 25-01057

DATE CALLED: 1/14/97

PERSON CONTACTED: (Inquiry to Donna)

LOCATION:

PH. #:

REASON FOR CONTACT: Jack Checked location 1-13-97. Well has not been plugged.

LETTER: ___ YES ___ NO MAILED:

ATTN TO:

LOCATION:

INITIAL: