

WELLFILE CONTACT INFORMATION

OPERATOR NAME: SAGA

WELL ID: _____

DATE CALLED: _____

PERSON CONTACTED: JIM 915-684-4293

LOCATION: _____

PH. #: _____

REASON FOR CONTACT: NEED C-103

CONVERTING OIL PRODUCER TO
INJECTOR - THEN ALSO
PT.

Larry W. Wink

LETTER: ☐ YES ☐ NO MAILED: _____

ATTN TO: _____

LOCATION: _____

INITIAL: _____