

WELLFILE CONTACT INFORMATION

OPERATOR NAME: _____

WELL ID: _____

DATE CALLED: _____

7/3/95

PERSON CONTACTED: _____

Kim

LOCATION: _____

Graham TX

PH. #: _____

817-549-0780

REASON FOR CONTACT: _____

Need to go
back to hearing to
change Pool rules
for 80 ac

LETTER: ☐ YES ☐ NO MAILED: _____

ATTN TO: _____

LOCATION: _____

INITIAL: _____