

WELLFILE CONTACT INFORMATION

OPERATOR NAME: Chris Gillespie

WELL ID: State Q #1

• 30-025-28070

DATE CALLED: 3/2/95

PERSON CONTACTED: Debbie (or Vickie)

LOCATION: _____

PH. #: 915-683-1765

fax - 915-683-1491

REASON FOR CONTACT: _____

pool code correction for
C115's

LETTER: YES ☒ NO MAILED: _____

ATTN TO: _____

LOCATION: _____

INITIAL: S