WELLFILE CONTACT INFORMATION

OPERATOR NAME: Randy Harris

WELL ID: Lusk 16 State #6
30-025-30638

DATE CALLED: 4/5/00

PERSON CONTACTED:

LOCATION:

PH. #:

REASON FOR CONTACT: Revised C103 to add dates. Sent copy to Santa Fe.
R. to submit C104 on completion in Delaware by Fri 4/7.
Currently testing.

LETTER: ___ YES ___ NO MAILED:

ATTN TO:

LOCATION:

INITIAL: B