WELLFILE CONTACT INFORMATION

OPERATOR NAME: _____

WELL ID: _____

Done

DATE CALLED: _____

PERSON CONTACTED: _____

LOCATION: _____

PH. #: _____

REASON FOR CONTACT: I Cancelled API
25-34235 eff 1-1-2000 in
system so I could enter
new #. Need to send out
Cancellation letter. ☺
                              K

LETTER: ___ YES ___ NO MAILED: _____

ATTN TO: _____

LOCATION: _____

INITIAL: _____

4-28-00
Letter mailed
nm