WELLFILE CONTACT INFORMATION

OPERATOR NAME: Threshold

WELL ID: _____

_____

DATE CALLED: 8/22/01 = 2nd call

PERSON CONTACTED: _____

LOCATION: _____

PH. #: _____

REASON FOR CONTACT: 8/13 will send C105 for B. Spg.

8/22 would not take call: left msg w/recept. Re: forms needed (SWBG months: Not econ.)

LETTER: ___ YES ___ NO MAILED: prep to R/C.

ATTN TO: _____

LOCATION: _____

INITIAL: _____

817-870-1483