CONVERSAT R	ECORD		7-6-94	
TYPE UISIT		D TELE		
Location of Visit/Conference:			[] OUTGOING	
NAME OF PERSON(B) CONTACTED OR IN CONTACT	ORGANIZATION (Office,	dept., bureeu.	TELEPHONE NO:	
Deborah McKelvey	C. W. Trainer			
SUBJECT	<u></u>			
Withdrawn APD's		•		
Mills Federal - Wells 1 th	ru o			
SUMMARY				_
We are returning your copi	es of the above name	<u>ed APD's</u>	as per	
your request. If you have please feel free to contac	t our office at 505	-887-6544	extension_	
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ACTION REQUIRED	<u> </u>			
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NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE		DATE	7-6-94
Mary Lou Trujillo				1-0-94
ACTION TAKEN	ا			·
cc: Kathleen B.				
BLM-CRA				
BIGHATURE	TITLE		DATE	
The the mulille				7-6-94
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OFFICE

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