

WELLFILE CONTACT INFORMATION

OPERATOR NAME: CHEVRON USA
WELL ID: STATE G #1
4.LU 5-2 T-215
DATE CALLED: 10-5-2000
PERSON CONTACTED: DAYS
LOCATION:
PH. #:
PH. #: ANYTHING
REASON FOR CONTACT:
LETTER: YES NO MAILED:
ATTN TO:
LOCATION:
INITIAL: