

WELLFILE CONTACT INFORMATION

OPERATOR NAME: _____

WELL ID: _____

DATE CALLED: _____

PERSON CONTACTED: _____

LOCATION: _____

PH. #: _____

REASON FOR CONTACT: _____

5/1/96
Mary ANN M.
Mudl.
915-688-0649
0104 App 5/1/96
was Apprv'd in error
we Nlled compl papers
for this Pool (Tab 50:14 Ggs)
Mary ANN will send

Mary ANN called again 7/3/96
Her Eng didn't understand importance
LETTER: ☐ YES ☐ NO MAILED: ☒ completion paper-
again get w/ him + submit. She will
ATTN TO: work. She will
LOCATION: ☐ paperwork

INITIAL: _____

SAD,

