

WELLFILE CONTACT INFORMATION

OPERATOR NAME: _____

WELL ID: _____

DATE CALLED: 12-17-04

PERSON CONTACTED: Don Clark / Lisa

LOCATION: Goat

PH.#: 3-1058

REASON FOR CONTACT: Specimen C-115

LETTER: ☐ YES ☐ NO

MAILED: _____

ATTN TO: _____

LOCATION: _____