WELLFILE CONTACT INFORMATION

OPERATOR NAME: _____

WELL ID: _____

_____

DATE CALLED: 8/31/95

PERSON CONTACTED: Kellie

LOCATION: Hobbs

PH. #: 391-1649

REASON FOR CONTACT: No Order to convert to Inject

9/30/95 called Kellie again about order

LETTER: ___ YES ___ NO MAILED: _____

ATTN TO: _____

LOCATION: _____

INITIAL: _____