API Well No: 30-025-11305-00-00 Owner: KENSON OPERATING COMPANY INC County: Lea

Well Name: LANGLIE JAL UNIT Number: 015 Inspect No: iSAD0004779

Well Type: Injection - (All Types) Well Status: Active

UL- S-T-R: J - 31 - 24S - 37E Facility/Project: NA

Purpose: Normal Routine Activity

Type: Routine/Periodic

Notification Type:

Date Performed: 04/06/2000

Date NOV:

Date RmdyReq:

Date Extension:

Date Passed:

Comply#:

Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐

Current Type: I Status: A

Change ONGARD to... Type: I Status: S

PHOTO

Compliance

Respondant: KENSON OPERATING COMPANY INC 185433

Notes: No Flowline.

Failed Items

IncdntNo: Inspector: E.L. Gonzales Duration: