

API Well No. **30-025-11443-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
 Well Name **LANGLIE JAL UNIT** Number **044** Inspect No. **ISAD0104533511**
 Well Type **Injection - (All Types)** Well Status **Active**
 UL- S-T-R **E - 4 - 25S - 37E** Facility/Project **NA**

Purpose
Type
Notification Type
Date Performed **03/13/2001**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Respondant
Notes
DISCONNECTED INO WELL SIGN.

PHOTO
Compliance

Failed Items

Comply# IncdntNo Inspector **Buddy Hill** Duration

API Well No. **30-025-11443-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
 Well Name **LANGLIE JAL UNIT** Number **044** Inspect No. **ISAD0004504**
 Well Type **Injection - (All Types)** Well Status **Active**
 UL- S-T-R **E - 4 - 25S - 37E** Facility/Project **NA**

Purpose
Type
Notification Type
Date Performed **02/29/2000**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Respondant
Notes
A-OK. All Equipment and Location in Good Shape.

PHOTO
Compliance

Failed Items

Comply# IncdntNo Inspector **Karen Sharp** Duration