

API Well No. **30-025-11293-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
 Well Name **LANGLIE JAL UNIT** Number **011** Inspect No. **ISAD0104533375**
 Well Type **Injection - (All Types)** Well Status **Active**
 UL- S-T-R **H -31- 24S -37E** Facility/Project **NA**

Purpose **PHOTO** Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type Status
 Change ONGARD to...
 Respondant
 No tests **DISCONNECTED !**
 Compliance

Date Performed **03/13/2001**
 Date NOV
 Date RmdyReq
 Date Extension
 Date Passed

Failed Items

Comply# IncdntNo Inspector **Buddy Hill** Duration

API Well No. **30-025-11293-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
 Well Name **LANGLIE JAL UNIT** Number **011** Inspect No. **ISAD0004547**
 Well Type **Injection - (All Types)** Well Status **Active**
 UL- S-T-R **H -31- 24S -37E** Facility/Project **NA**

Purpose **PHOTO** Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type Status
 Change ONGARD to...
 Respondant
 No tests **No Flowline**
 Compliance

Date Performed **02/28/2000**
 Date NOV
 Date RmdyReq
 Date Extension
 Date Passed

Failed Items

Comply# IncdntNo Inspector **Karen Sharp** Duration