

Incidents/Spills



Well Inspections



Date Mod



API Well No. **30-025-08435-00-00** Owner **QUAY VALLEY INC.** County **Lea**
Well Name **NORTH EL MAR UNIT** Number **039** Inspect No. **unk0003992**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **N - 30 - 26S - 33E** Facility/Project **NA**

Purpose ☐ Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **1** Status: **A** Type Status
Change ONGARD to...
Type **MIT Witnessed** Respondant
Notification Type **DISC**
Date Performed **12/04/1989** Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed
Comply# IncdntNo Inspector **R.A. Sadler** Duration

API Well No. **30-025-08435-00-00** Owner **QUAY VALLEY INC.** County **Lea**
Well Name **NORTH EL MAR UNIT** Number **039** Inspect No. **unk0003991**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **N - 30 - 26S - 33E** Facility/Project **NA**

Purpose ☐ Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **1** Status: **A** Type Status
Change ONGARD to...
Type **MIT Witnessed** Respondant
Notification Type **DISC**
Date Performed **12/16/1988** Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed
Comply# IncdntNo Inspector **R.A. Sadler** Duration

API Well No. **30-025-08435-00-00** Owner **QUAY VALLEY INC.** County **Lea**
Well Name **NORTH EL MAR UNIT** Number **039** Inspect No. **ILWH0110147748**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **N - 30 - 26S - 33E** Facility/Project **NA**

Purpose **Normal Routine Activity** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Type **Routine/Periodic** Change ONGARD to...
Notification Type **Compliance** Respondant **QUAY VALLEY INC.** 10461
Date Performed **04/11/2001** N o t e s **WELL SHUT-IN !**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **Buddy Hill** Duration **0.3**

API Well No. **30-025-08435-00-00** Owner **QUAY VALLEY INC.** County **Lea**
Well Name **NORTH EL MAR UNIT** Number **039** Inspect No. **ISAD0119953189**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **N - 30 - 26S - 33E** Facility/Project **NA**

Purpose **MIT Witnessed - Pressure Test** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Type **MIT Witnessed - Pressure Test** Change ONGARD to...
Notification Type **Compliance** Respondant **A-OK. All Equipment and Location in Good Shape.**
Date Performed **08/15/2001** N o t e s
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **Johnny Robinson** Duration