

API Well No. **30-025-11293-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **011** Inspect No. **unk0005589**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **H - 31 - 24S - 37E** Facility/Project **NA**

Purpose	Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐	Current Type: I Status: A Type Status
Type	P H O T O	Change ONGARD to...
MIT Witnessed		Respondant
Notification Type		Notes
Date Performed 07/16/1997		
Date NOV		
Date RmdyReq		
Date Extension		
Date Passed		
Comply#	IncidentNo	Inspector Charlie Perrin Duration

Failed Items

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Purpose	Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐	Current Type: I Status: A Type Status
Type	P H O T O	Change ONGARD to...
MIT Witnessed		Respondant
Notification Type		Notes
Date Performed 09/11/1996		
Date NOV		
Date RmdyReq		
Date Extension		
Date Passed		
Comply#	IncidentNo	Inspector Charlie Perrin Duration

Failed Items