Well Name IANGI II	JAL UNIT (All Types) Well	NSON OPERATING COMPANY Number 018 Status Active		8
Purpose Type MIT Winessed - Braden Notification Type Date Performed Date NOV Date RmdyReq	Violation? SNO P H O T O Compliance Failed Items	C? Well Idle Current Typ >1 Year? Respondant No No Flowline.	pe: III Status: IXI Type S Change ONGARD to	
Date Extension Date Passed Comply# API Well No. 30-025-1 Well Name LANGLIE Well Type Infection - (UL- S-T-R 1 - 31 - 24S	1298-00-00 Owner KEN JALUNIT All Types) Well S	Inspector Kare SON OPERATING COMPANY Number 018 Status Active	INC County Lea Inspect No. unk0005592	
urpose ype AH Witnessed otification Type Date Performed	Violation? SNC P H O T O Compliance		e: Juli Status: A Type St Change ONGARD to	
Date NOV 09/29	1995 Failed Items	Inspector R.A.S		