

API Well No. **30-025-11305-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **015** Inspect No. **unk0005599**
Well Type **Injection - (All Types)** Well Status **Active**
UL-S-T-R **3 - 31 - 24S - 37E** Facility/Project **NA**

Purpose ☐ Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Type **MIT Witnessed** Respondant
Notification Type **NO WRK REQ AS LONG AS SI**
Date Performed **10/27/1989** Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **R.A. Sadler** Duration

API Well No. **30-025-11305-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **015** Inspect No. **unk0005598**
Well Type **Injection - (All Types)** Well Status **Active**
UL-S-T-R **3 - 31 - 24S - 37E** Facility/Project **NA**

Purpose ☐ Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Type **MIT Witnessed** Respondant
Notification Type **DID NOT BLOW DOWN PROD CSG DUE TO MESS WELL S**
Date Performed **10/21/1988** Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **R.A. Sadler** Duration