

## Incidents/Spills



## Well Inspections



Date Mod

03/13/2001



API Well No. **30-025-11442-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**  
Well Name **LANGLIE JAL UNIT** Number **039** Inspect No. **ISAD0104533580**  
Well Type **Injection - (All Types)** Well Status **Active**  
UL- S-T-R **4 - 4 - 25S - 37E** Facility/Project **NA**

Purpose

Type

MIT Witnessed - Bradenhead

Notification Type

Date Performed

03/13/2001

Date NOV

Date RmdyReq

Date Extension

Date Passed

Violation? ☐SNC? ☐Well Idle  
>1 Year?☐Current Type: **I**Status: **A**

Type

Status

Change ONGARD to...

Respondant

P  
H  
O  
T  
O

Compliance

DISCONNECTED !

## Failed Items

Comply#

IncidentNo

Inspector

Buddy Hill

Duration

API Well No. **30-025-11442-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**  
Well Name **LANGLIE JAL UNIT** Number **039** Inspect No. **ISAD0004499**  
Well Type **Injection - (All Types)** Well Status **Active**  
UL- S-T-R **4 - 4 - 25S - 37E** Facility/Project **NA**

Purpose

Type

MIT Witnessed - Bradenhead

Notification Type

Date Performed

02/29/2000

Date NOV

Date RmdyReq

Date Extension

Date Passed

Violation? ☐SNC? ☐Well Idle  
>1 Year?☐Current Type: **I**Status: **A**

Type

Status

Change ONGARD to...

Respondant

P  
H  
O  
T  
O

Compliance

A-OK. All Equipment and Location in Good Shape.

## Failed Items

Comply#

IncidentNo

Inspector

Karen Sharp

Duration