

Incidents/Spills



Well Inspections



Date Filed



API Well No. **30-025-11451-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **063** Inspect No. **iSAD0104533386**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **P - 5 - 2SS - 37E** Facility/Project **NA**

Purpose **MIT Witnessed - Bradenhead** Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: **I** Status: **A** Type **OK All Equipment and Location in Good Shape**
Type **MIT Witnessed - Bradenhead** Respondant **OK All Equipment and Location in Good Shape**
Notification Type **OK All Equipment and Location in Good Shape**
Date Performed **03/13/2001** Compliance ☐
Date NOV **03/13/2001**
Date RmdyReq **03/13/2001**
Date Extension **03/13/2001**
Date Passed **03/13/2001**

Failed Items

Comply# **0** IncdntNo **0** Inspector **Buddy Hill** Duration **0**

API Well No. **30-025-11451-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **063** Inspect No. **iSAD0004524**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **P - 5 - 2SS - 37E** Facility/Project **NA**

Purpose **MIT Witnessed - Bradenhead** Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: **I** Status: **A** Type **OK All Equipment and Location in Good Shape**
Type **MIT Witnessed - Bradenhead** Respondant **OK All Equipment and Location in Good Shape**
Notification Type **OK All Equipment and Location in Good Shape**
Date Performed **02/29/2000** Compliance ☐
Date NOV **02/29/2000**
Date RmdyReq **02/29/2000**
Date Extension **02/29/2000**
Date Passed **02/29/2000**

Failed Items

Comply# **0** IncdntNo **0** Inspector **Karen Sharp** Duration **0**