

API Well No. **30-025-11451-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **063** Inspect No. **unk0005676**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **P - 5 - 25S - 37E** Facility/Project **NA**

Purpose **PHOTO** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type **Change ONGARD to...** Status **Change ONGARD to...**
Type **MIT Witnessed** Respondant **Notes**
Notification Type **Compliance**
Date Performed **07/16/1997**
Date NOV **Failed Items**
Date RmdyReq **Incident No**
Date Extension **Inspector** **Charlie Perrin** Duration **Comply#**
Date Passed

API Well No. **30-025-11451-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **063** Inspect No. **unk0005675**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **P - 5 - 25S - 37E** Facility/Project **NA**

Purpose **PHOTO** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type **Change ONGARD to...** Status **Change ONGARD to...**
Type **MIT Witnessed** Respondant **Notes**
Notification Type **Compliance**
Date Performed **09/11/1996**
Date NOV **Failed Items**
Date RmdyReq **Incident No**
Date Extension **Inspector** **Charlie Perrin** Duration **Comply#**
Date Passed