

API Well No. **30-025-11452-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **036** Inspect No. **unk0005678**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **3 - 5 - 25S - 37E** Facility/Project **NA**

Purpose **[REDACTED]** Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: **I** Status: **A** Type **[REDACTED]** Status **[REDACTED]**
Type **[REDACTED]** **P** **H** **O** **T** **O** **[REDACTED]** Change ONGARD to... **[REDACTED]**
MIT Witnessed Respondant **[REDACTED]**
Notification Type **[REDACTED]** Notes **[REDACTED]**
[REDACTED] Compliance **[REDACTED]**

Date Performed **07/16/1997**
Date NOV **[REDACTED]**
Date RmdyReq **[REDACTED]**
Date Extension **[REDACTED]**
Date Passed **[REDACTED]**

Failed Items

Comply# **[REDACTED]** IncdntNo **[REDACTED]** Inspector **Charlie Perrin** Duration **[REDACTED]**

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MIT Witnessed Respondant **[REDACTED]**
Notification Type **[REDACTED]** Notes **[REDACTED]**
[REDACTED] Compliance **[REDACTED]**

Date Performed **09/11/1996**
Date NOV **[REDACTED]**
Date RmdyReq **[REDACTED]**
Date Extension **[REDACTED]**
Date Passed **[REDACTED]**

Failed Items

Comply# **[REDACTED]** IncdntNo **[REDACTED]** Inspector **Charlie Perrin** Duration **[REDACTED]**