

Incidents/Spills



Well Inspections



Date Mod

03/13/2001



API Well No. **30-025-11475-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **031** Inspect No. **ISAD0104533394**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **4 - 6 - 25S - 37E** Facility/Project **NA**

Purpose
Type
Notification Type
Date Performed **03/13/2001**
Date NOV
Date RmdyReq
Date Extension
Date Passed
Comply#

Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Respondant
N o t e s **DISCONNECTED !**
Compliance
Failed Items
IncidentNo Inspector **Buddy Hill** Duration

API Well No. **30-025-11475-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **031** Inspect No. **ISAD0004519**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **4 - 6 - 25S - 37E** Facility/Project **NA**

Purpose
Type
Notification Type
Date Performed **02/28/2000**
Date NOV
Date RmdyReq
Date Extension
Date Passed
Comply#

Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **I** Status: **A** Type Status
Change ONGARD to...
Respondant
N o t e s **No Flowline.**
Compliance
Failed Items
IncidentNo Inspector **Karen Sharp** Duration