

API Well No. **30-025-23884-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **057** Inspect No. **unk0007539**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **L - 5 - 25S - 37E** Facility/Project **NA**

Purpose **PHOTO** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **1** Status: **A** Type **Change ONGARD to...** Status
Type **MIT Witnessed** Respondant **POSS CSG LEAK???**
Notification Type **Compliance** Notes

Date Performed **09/11/1996**
Date NOV **09/16/1996**
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# **IncidentNo** Inspector **Charlie Perrin** Duration

API Well No. **30-025-23884-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **057** Inspect No. **unk0007538**
Well Type **Injection - (All Types)** Well Status **Active**
UL- S-T-R **L - 5 - 25S - 37E** Facility/Project **NA**

Purpose **PHOTO** Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: **1** Status: **A** Type **Change ONGARD to...** Status
Type **MIT Witnessed** Respondant
Notification Type **Compliance** Notes

Date Performed **09/27/1995**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# **IncidentNo** Inspector **R.A. Sadler** Duration