

Incidents/Spills



Well Inspections



Date Mtd

10/13/2001



API Well No. **30-025-23884-00-00** Owner **KENSON OPERATING COMPANY INC** County **Lea**
Well Name **LANGLIE JAL UNIT** Number **057** Inspect No. **ISAD0104533573**
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: **I** Status: **A** Type Status
Type **MIT Witnessed - Bradenhead** Change ONGARD to...
Notification Type **DISCONNECTED !**
Compliance

Date Performed **03/13/2001**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **Buddy Hill** 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. **ISAD0004529**
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: **I** Status: **A** Type Status
Type **MIT Witnessed - Bradenhead** Change ONGARD to...
Notification Type **A-OK. All Equipment and Location in Good Shape.**
Compliance

Date Performed **02/29/2000**
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector **Karen Sharp** Duration