Incidents/Spills	Well	Inspections	<u>""</u> Date'	<u> Person</u> <u>t</u>
API Well No. 30-025-2 Well Name LANGLIE. Well Type Injection - (UL- S-T-R 1 - 5 - 258	IAL UNIT All Types) Well S	SON OPERATING COMPA Number (tatus Active y/Project NA	County 160 Inspect No.	Lea iSAD0104533567
Purpose Type MITWitnessed - Pressure Notification Type Date Performed Date NOV Date RmdyReq Date Extension	Violation? SNC	Well Idle Current >1 Year? Respondant N o te s	Type: Status: A Change ONGARD to	
Well Name Well Type Injection -	JAL UNIT (All Types) Well S	SON OPERATING COMP	ANY INC. County One Inspect No.	Duration Leasing is AD0004531
Purpose Type MTEWitnessed = Braden Notification Type	Violation? ☐ SNC	Well Idle Curren	t Type: Li Status: Re Change ONGARD miniment and Location	
Date Performed Date NOV Date RmdyReq Date Extension Date Passed Comply#	Failed Items IncdntNo	Inspector	Karan Starp	Duration Duration