

API Well No. 30-025-24879-00-00 Owner KENSON OPERATING COMPANY INC County Lea  
Well Name LANGLEIE JAL UNIT Number 060 Inspect No. iELG0000571  
Well Type Injection - (All Types) Well Status Active  
UL- S-T-R I - 5 - 25S - 37E Facility/Project NA

|                           |                                     |                               |                                             |                 |                        |                     |        |
|---------------------------|-------------------------------------|-------------------------------|---------------------------------------------|-----------------|------------------------|---------------------|--------|
| Purpose                   | Violation? <input type="checkbox"/> | SNC? <input type="checkbox"/> | Well Idle >1 Year? <input type="checkbox"/> | Current Type: I | Status: A              | Type                | Status |
| Normal Routine Activity   |                                     |                               |                                             |                 |                        | Change ONGARD to... |        |
| Type                      | P<br>H<br>O<br>T<br>O               |                               |                                             | Respondant      | G.P.H. ENERGY INC 8359 |                     |        |
| Routine/Periodic          |                                     |                               |                                             |                 |                        |                     |        |
| Notification Type         |                                     |                               |                                             |                 |                        |                     |        |
| Field Visit or Inspection |                                     |                               |                                             |                 |                        |                     |        |
| Date Performed            |                                     |                               |                                             |                 |                        |                     |        |
| Date NOV                  |                                     |                               |                                             |                 |                        |                     |        |
| Date RmdyReq              |                                     |                               |                                             |                 |                        |                     |        |
| Date Extension            |                                     |                               |                                             |                 |                        |                     |        |
| Date Passed               |                                     |                               |                                             |                 |                        |                     |        |

Compliance

### Failed Items

Comply# IncdntNo Inspector E.L. Gonzales Duration