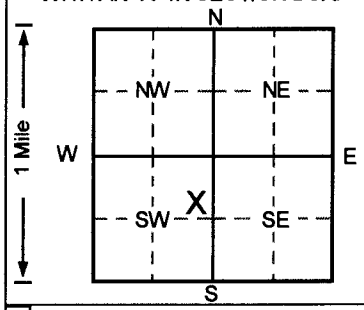
WATER WELL RECORD Form WWC-5 KSA 82a-1212

| 1 LOCATION OF WATER WELL: County: Dickinson | Fraction: SE ¼ NE ¼ SW ¼ | Section Number: 16 | Township Number: T 13 S | Range Number: R 2 (E) W |
|---|---|---|---|---|

Distance and direction from nearest town or city street address of well if located within city?
**Kerr-McGee #6001-NW 6th & Buckeye-Abilene, Kansas**

2 WATER WELL OWNER: **Triple S, Inc.**
RR#, St. Address, Box # : **123 Robert S. Kerr Ave.**
City, State, ZIP Code : **Oklahoma City, Oklahoma 73102**
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:




4 DEPTH OF COMPLETED WELL ..... 20 ..... ft. ELEVATION: ..... 1156.23 .....
Depth(s) Groundwater Encountered 1. ..... 12 ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ... 12.4 .... ft. below land surface measured on mo/day/yr .... 12/17/96 .....
Pump test data: Well water was .... NA .... ft. after ..... hours pumping ..... gpm
Est. Yield .. NA ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... 8 .... in. to ..... 20 ..... ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? Yes..... No ✓ ; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes No ✓

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded ✓
Blank casing diameter ..... 2 ..... in. to ..... 10 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... -3.96 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... Sch. 40 .....
TYPE OF SCREEN OR PERFORATION MATERIAL (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... 10 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft
From ..... ft. to ..... ft., From ..... ft. to ..... ft
GRAVEL PACK INTERVALS: From ..... 9 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft
From ..... ft. to ..... ft., From ..... ft. to ..... ft

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite 4 Other .....
Grout Intervals: From ..... 0 ..... ft. to ..... 6.4 ..... ft., From ..... 6.4 ..... ft. to ..... 9 ..... ft., From ..... ft. to ..... ft
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage .....
Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 4 | Sand, | | | |
| 4 | 5.8 | Sand, | | | |
| 5.8 | 6 | Clay, Black | | | |
| 6 | 11 | Clay, Dark Gray | | | |
| 11 | 15 | Sand, Brown | | | |
| 15 | 20 | Sand, | | | |
| | | | | | MW2 , Flushmount |
| | | | | | Project Name: Kerr-McGee #6001 - LBG |
| | | | | | GeoCore # 438 , KDHE # U5 021 560 |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... 1/20/97 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 527 ..... This Water Well Record was completed on (mo/day/yr) ..... 2/19/97 ..... under the business name of **GeoCore Services, Inc.** by (signature) [signature]

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼