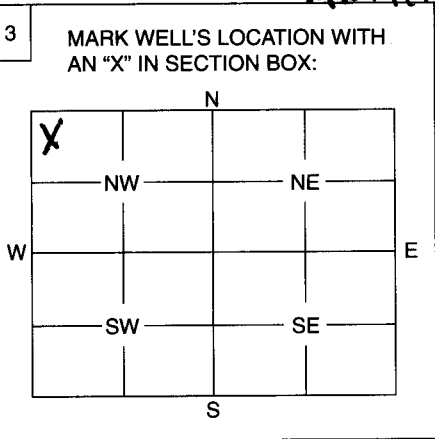


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Dickinson NW 1/4 NW 1/4 NW 1/4 21 13 2 EW

Distance and direction from nearest town or city street address of well if located within city?
515 SW 2nd St., Abilene, KS

2 WATER WELL OWNER: Robson Oil MW5
 RR #, St. Address, Box #: PO Box 694
 City, State, ZIP Code: Abilene, KS 67410 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 28 ft.
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 8 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 Was a chemical / bacteriological sample submitted to Department? Yes _____ No X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes _____ No X

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____
 Blank casing diameter 2 in. Was casing pulled? Yes _____ No X If yes, how much _____
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 3 ft. to 20 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) _____
 2 Sewer lines 7 Pit privy 12 Fertilizer storage _____
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage _____
 4 Lateral lines 9 Feedyard 14 Abandoned water well _____
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well _____
 Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Soil</u>
<u>3</u>	<u>20</u>	<u>Bentonite Grout</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/8/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3116105 This Water Well Record was completed on (mo/day/year) _____ under the business name of Larsen + Assoc. by (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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.