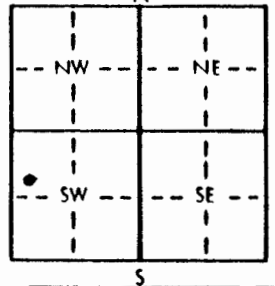


LOCATION OF WATER WELL: County: Butler Fraction: SW 1/4 NW 1/4 SW 1/4 Section Number: 29 Township Number: T 24 S Range Number: R 4 (EW)
 Distance and direction from nearest town or city street address of well if located within city?

WATER WELL OWNER: Total Petroleum
 R#, St. Address, Box #: P.O. Box 857 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Ark City, KS 67005 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL: 38 ft. ELEVATION: 1339.9



Depth(s) Groundwater Encountered 1. 6 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 6 ft. below land surface measured on mo/day/yr 7:30:90
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield < 5 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 7 7/8 in. to 38 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 No X If yes, mo/day/yr sample was submitted
 Water Well Disinfected: Yes No

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter 4 in. to 7.18 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 1.88 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole) _____

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes _____
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 7.18 ft. to 36.66 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 5.75 ft. to 38 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 2.2 ft. From 2.2 ft. to 5.75 ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage _____

Direction from well? How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5	Clay Dark Red Brown			
2.5	3.5	Shale - Saw			
3.5	4.5	Shale / Limestone - Saw			
4.5	5.5	Limestone - Saw			
5.5	11	Limestone - Gray			#69C
11	14	Shale - Saw			
14	17.5	Shale - Saw			
17.5	23	Shale - Blue			
23	28.5	Shale - Gray			
28.5	32.5	Limestone / Shale - Green			
32.5	36	Shale - Green			
36	38	Shale - Red			

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) 7:30:90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 334 This Water Well Record was completed on (mo/day/yr) 9/1/90
 For the business name of Eubank, Inc by (signature) Jenny Eubank

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.