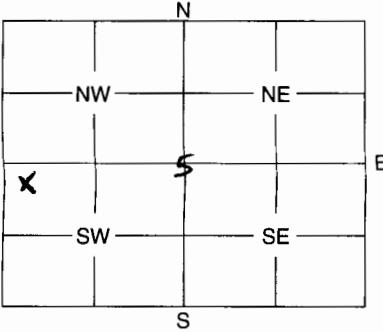


1	LOCATION OF WATER WELL:	Fraction County: Butler NW ^{1/4} NW ^{1/4} SW ^{1/4}	Section Number 5	Township Number 26 S	Range Number 3 E/W																								
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 miles N and 1/8 mile E of HWY 254 and Butler Road																													
2	WATER WELL OWNER: El Paso Merchant Energy Petroleum Co.	RR #, St. Address, Box #: 2 N Nevada City, State, ZIP Code : Colorado Springs, Co 80903																											
Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 425 ft. WELL'S STATIC WATER LEVEL 15 ft. WELL WAS USED AS:																											
		<table border="0"> <tr> <td>① Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>⑩ Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>				① Domestic	5 Public Water Supply	9 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												
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted																													
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																													
5	TYPE OF BLANK CASING USED:																												
<input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																													
Blank casing diameter 6 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 3'																													
Casing height above or below land surface 36 in.																													
6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																												
Grout Plug Intervals: From 42.5 ft. to 3 ft., From ft. to ft., From ft. to ft.																													
What is the nearest source of possible contamination:																													
<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below) <input checked="" type="checkbox"/> Pipe line</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below) <input checked="" type="checkbox"/> Pipe line	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					
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Direction from well? N/E How many feet? 3500																													
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>42.5</td> <td>3</td> <td>Neat cement</td> </tr> <tr> <td>3</td> <td>0</td> <td>Top soil</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	42.5	3	Neat cement	3	0	Top soil															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/27/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 1/24/06 under the business name of <i>LaLayne Christensen</i> by (signature) <i>Russell W Redding</i>																												

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.