

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Seelye</u>	<u>SW 1/4 NW 1/4 SE 1/4</u>	<u>4</u>	<u>275</u>	<u>1 E</u>

Distance and direction from nearest town or city street address of well if located within city?

1350' N of SW corner of El Paso property off of 21st St.

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	<u>El Paso Merchant Energy Petroleum Co.</u>	Application Number:
	RR #, St. Address, Box #: <u>2 N Nevada</u>	
	City, State, ZIP Code: <u>Colorado Springs, CO 80903</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>38.1</u> ft.												
		WELL'S STATIC WATER LEVEL <u>12.5</u> 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><input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <u>6</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>3'</u>											
Casing height above or below land surface <u>36</u> in.											

6	GROUT PLUG MATERIAL:	<input checked="" type="checkbox"/> Neat cement	2 Cement grout	3 Bentonite	4 Other																				
Grout Plug Intervals: From <u>38.1</u> ft. to <u>3</u> ft., From ft. to ft., From ft. to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? <u>East</u> How many feet? <u>Various</u>																									

FROM	TO	PLUGGING MATERIALS
38.1	3	Neat cement
3	0	Top soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/14/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>108</u> This Water Well Record was completed on (mo/day/year) <u>JAN 5, 2006</u>
	by (signature) <u>Russell W. Redd</u> under the business name of <u>Layne Christensen</u>

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.