

| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|--|----------------------------|--|--|-----------------------|-------------------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|--|--|--|
| | County: <u>Sedgwick</u> | <u>SW 1/4 NW 1/4 SE 1/4</u> | <u>4</u> | | <u>27</u> | <u>S</u> | <u>01</u> | <u>E</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? <u>1350' N of SW corner of El Paso property off of 21st st.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | WATER WELL OWNER: <u>El Paso Merchand Energy Petroleum Co.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR #, St. Address, Box #: | | | Board of Agriculture, Division of Water Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP Code: <u>2 N Nevada</u> <u>Colorado Springs Co 80903</u> | | | Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 | DEPTH OF WELL <u>35.9</u> ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NW</td> <td style="width: 25%; text-align: center;">NE</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">X</td> <td style="text-align: center;">E</td> <td style="text-align: center;">S</td> </tr> </table> | | | NW | NE | | | W | X | E | S | WELL'S STATIC WATER LEVEL <u>13.2</u> ft. | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | NW | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | W | X | E | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | WELL WAS USED AS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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>34</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: <input checked="" type="radio"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Plug Intervals: From <u>35.9</u> ft. to <u>3</u> ft., From ft. to ft., From 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/14/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) <u>JAN 5, 2004</u> under the business name of <u>Layne Christensen</u> by (signature) <u>Russell W. Redding</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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |