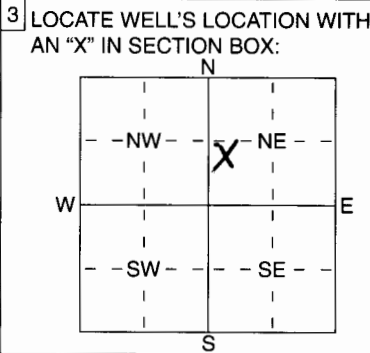


| | | | | |
|--|---|-----------------------------|----------------------------------|-----------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Neosho</u> | Fraction <u>NE 1/4 SW 1/4 NE 1/4</u> | Section Number <u>28</u> | Township Number T <u>27</u> S | Range Number R <u>18</u> (A/W) |
|--|---|-----------------------------|----------------------------------|-----------------------------------|

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

Next to the City of Chanute Public Works facility on 14th & Katy Ave.

| | |
|---|--|
| 2 WATER WELL OWNER: RR#, St. Address, Box # : <u>ConocoPhillips</u> <u>1234 Phillips Building</u> City, State, ZIP Code : <u>Chanute, KS 67004</u> | Board of Agriculture, Division of Water Resources Application Number: |
|---|--|



4 DEPTH OF COMPLETED WELL 25' ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 25.12 ft. below land surface measured on mo/day/yr 10/18/05

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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 |
| 2 Irrigation | 4 Industrial | 7 Domestic (lawn & garden) |
| | | 9 Dewatering |
| | | 10 Monitoring well |
| | | 12 Other (Specify below) |

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 iron | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded <u>X</u> |

Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 30 in., weight _____ lbs./ft. Wall thickness or gauge No. sch 40

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 15 ft. to 25 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 13 ft. to 25 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 2 ft. to 13 ft., From _____ ft. to _____ 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 | <u>from Reberg</u> |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-------------------|------|----|--------------------|
| 0 | 25 | <u>silty clay</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

7 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) 10/18/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 710 This Water Well Record was completed on (mo/day/yr) 10/18/05 under the business name of Below Ground Surface, Inc. by (signature) [Signature]