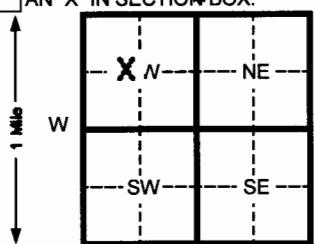
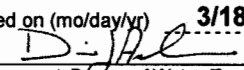


1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number		Range Number	
County: Butler		SE ¼ NW ¼ NW ¼		27	T 27 S		R 4 EW	
Distance and direction from nearest town or city street address of well if located within city? The well is located approximately 191 feet south and 817 feet east of SW Thunder Rd and SW Dike Rd in Augusta.								
Latitude N37° 40' 33.79" Longitude W96° 59' 14.05"								
2 WATER WELL OWNER: Williams Petroleum Services, LLC								
RR#, St. Address, Box # : PO Box 3483				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Tulsa, Oklahoma 74101-3483				Application Number: Not Applicable				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: _____						
		Depth(s) Groundwater Encountered 1 12 ft. 2 _____ ft. 3 _____ ft.						
		WELL'S STATIC WATER LEVEL 9.78 ft. below land surface measured on mo/day/yr 9/4/08						
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
		Bore Hole Diameter 8 in. to 20 ft. and _____ in. to _____ ft.						
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____								
Water Well Disinfected? Yes _____ No _____								
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 _____								
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface 26.4 in., weight 0.682 lbs./ft. Wall thickness or gauge No. 0.1875 in.								
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) _____								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 2 3 Mill slot 4 Key punched 5 Gauzed wrapped 8 Saw cut 11 None (open hole)								
2 Louvered shutter 3 Mill slot 4 Key punched 6 Wire wrapped 9 Drilled holes								
7 Torch cut 10 Other (specify) _____								
SCREEN-PERFORATED INTERVALS: From 15 ft. to 20 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 13 ft. to 20 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____								
Grout Intervals From 0 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								
Direction from well? S How many feet? approximately 110								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 8 01 Dark brown, moist, stiff, fat clay								
8 15 03 Dark red/brown, silty clay								
15 19 07 Dark brown, fine sand, w/gravel								
19 20 20 Fossiliferous limestone								
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/yr) 8/5/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 616 This Water Well Record was completed on (mo/day/yr) 3/18/09 under the business name of Thiele Geotech, Inc. by (signature) 								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								

OFFICE USE ONLY

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SEC