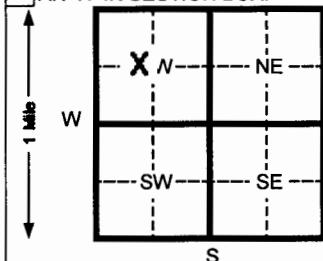


| | | | | | | |
|--|-----------|--|---|--|----------------------------------|---|
| 1 LOCATION OF WATER WELL: | | | Fraction SE 1/4 NW 1/4 NW 1/4 | Section Number 27 | Township Number T 27 S | Range Number R 4 EW |
| Distance and direction from nearest town or city street address of well if located within city: The well is located approximately 117 feet north and 743 feet east of SW Thunder Rd and SW Dike Rd in Augusta. Latitude N37° 40' 36.84" Longitude W96° 59' 14.94" | | | | | | |
| 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 LOCATON WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: _____ | | | | |
|  | | Depth(s) Groundwater Encountered 1 10 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 11.09 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 <input checked="" type="checkbox"/> 2 PVC | | 3 RMP (SR) 4 ABS | | 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass | | CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded |
| Blank casing diameter 2 in. to 15 | | ft., Dia | | in. to ft., Dia | | in. to ft. |
| Casing height above land surface 28.8 in., weight 0.682 | | | | | | lbs./ft. Wall thickness or gauge No. 0.1875 in. |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| 1 Steel 2 Brass | | 3 Stainless steel 4 Galvanized steel | | 5 Fiberglass 6 Concrete tile | | 7 PVC 10 Asbestos-cement 8 RMP (SR) 9 ABS 11 Other (specify) 12 None used (open hole) |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| 1 Continuous slot 2 Louvered shutter | | <input checked="" type="checkbox"/> 3 Mill slot 4 Key punched | | 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut | | 8 Saw cut 11 None (open hole) 9 Drilled holes 10 Other (specify) |
| SCREEN-PERFORATED INTERVALS: From 15 ft. to 20 | | | | ft. From _____ ft. to _____ ft. | | ft. to _____ ft. |
| From _____ ft. to _____ ft. | | | | ft. From _____ ft. to _____ ft. | | ft. to _____ ft. |
| GRAVEL PACK INTERVALS: From 13 ft. to 20 | | | | ft. From _____ ft. to _____ ft. | | ft. to _____ ft. |
| From _____ ft. to _____ ft. | | | | ft. From _____ ft. to _____ ft. | | 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. | | | | ft. From _____ ft. to _____ ft. | | ft. to _____ ft. |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 2 Sewer lines 3 Watertight sewer lines | | 4 Lateral lines 5 Cess pool 6 Seepage pit | | 7 Pit privy 8 Sewage lagoon 9 Feedyard | | 10 Livestock pens 14 Abandoned water well <input checked="" type="checkbox"/> 11 Fuel storage 15 Oil well/ Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage |
| Direction from well? S How many feet? approximately 400 | | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | | FROM | TO |
| 0 | 1 | 03 | Topsoil | | | |
| 1 | 8 | 01 | Dark brown, moist, stiff, fat clay | | | |
| 8 | 10 | 03 | Dark red/brown, moist, stiff, silty clay | | | |
| 10 | 15 | 07/02 | Fine sand & clayey silt | | | |
| 15 | 19 | 05 | Red/brown, fine-medium sand | | | |
| 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) 8/6/08 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) D. J. Hall | | | | | | |
| 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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