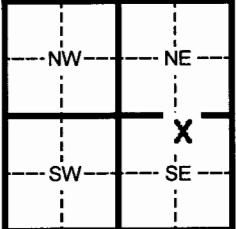
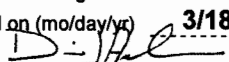


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------|--|-----------------|--|---------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Fraction                                                                                          |  | Section Number |  | Township Number |  | Range Number  |  |
| County: <b>Butler</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | NW ¼ NE ¼ SE ¼                                                                                    |  | <b>28</b>      |  | T <b>27</b> S   |  | R <b>4</b> EW |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>The well is located approximately 341 feet south and 1,187 feet west of W 2<sup>nd</sup> Ave and SW Dike Rd in Augusta.</b>                                                                                                                                                                                                                                                                                                             |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>Latitude N37° 40' 17.69" Longitude W96° 59' 38.92"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
| 2 WATER WELL OWNER: <b>Williams Petroleum Services, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                |  |                 |  |               |  |
| RR#, St. Address, Box # : <b>PO Box 3483</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                |  |                 |  |               |  |
| City, State, ZIP Code : <b>Tulsa, Oklahoma 74101-3483</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
| Board of Agriculture, Division of Water Resources<br>Application Number: <b>Not Applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |  |                |  |                 |  |               |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4 DEPTH OF COMPLETED WELL <b>37</b> ft. ELEVATION: _____                                          |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Depth(s) Groundwater Encountered 1 <b>15</b> ft. 2 _____ ft. 3 _____ ft.                          |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | WELL'S STATIC WATER LEVEL <b>15.45</b> ft. below land surface measured on mo/day/yr <b>9/4/08</b> |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 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 <b>8</b> in. to <b>37</b> 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) <b>10</b> Monitoring well                  |  |                |  |                 |  |               |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
| 7 Fiberglass _____ <b>Threaded</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                   |  |                |  |                 |  |               |  |
| Blank casing diameter <b>2</b> in. to <b>32</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
| Casing height above land surface <b>31.2</b> in., weight <b>0.682</b> lbs./ft. Wall thickness or gauge No. <b>0.1875 in.</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                |  |                 |  |               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                |  |                 |  |               |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |  |                |  |                 |  |               |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
| 12 None used (open hole) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |  |                |  |                 |  |               |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                   |  |                |  |                 |  |               |  |
| 1 Continuous slot <b>3</b> 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 <b>32</b> ft. to <b>37</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                |  |                 |  |               |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                |  |                 |  |               |  |
| GRAVEL PACK INTERVALS: From <b>30</b> ft. to <b>37</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |  |                |  |                 |  |               |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                |  |                 |  |               |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
| Grout Intervals From <b>0</b> ft. to <b>30</b> 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 <b>16</b> Other (specify below) <b>oil collection pond</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                   |  |                |  |                 |  |               |  |
| 13 Insecticide storage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                |  |                 |  |               |  |
| Direction from well? <b>SSE</b> How many feet? <b>420</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
| FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>0 15 03 Dark brown/black moist, stiff, lean clay</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>15 20 04 Dark gray, sandy clay</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>20 25 05 Dark gray, clayey sand</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>25 37 17 Clayey sand and gravel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |  |                |  |                 |  |               |  |
| <b>37 37 20 Limestone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  |                |  |                 |  |               |  |
| 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) <b>8/7/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>616</b> This Water Well Record was completed on (mo/day/yr) <b>3/18/09</b> under the business name of <b>Thiele Geotech, Inc.</b> 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.                                                                                                                                                                                                                                                                      |  |                                                                                                   |  |                |  |                 |  |               |  |