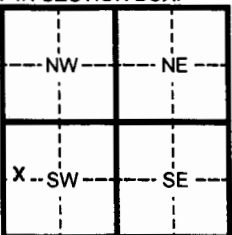


|                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |  | Fraction                                                                | Section Number                                                                                                              |  | Township Number |  | Range Number |  |
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                  |  | <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ | <b>21</b>                                                                                                                   |  | <b>T 28 S</b>   |  | <b>R 1 E</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>5330 S. Broadway - Wichita</b>                                                                                                                                                                     |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 2 WATER WELL OWNER: <b>Fuel Managers, Inc.</b>                                                                                                                                                                                                                                                           |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| RR#, St. Address, Box # : <b>10711 E. 11<sup>th</sup> St.</b> Board of Agriculture, Division of Water Resources                                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| City, State, ZIP Code : <b>Tulsa, OK 74128</b> Application Number:                                                                                                                                                                                                                                       |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                     |  |                                                                         | 4 DEPTH OF COMPLETED WELL <b>20</b> ft. ELEVATION: <b>1273.16 (TOC)</b>                                                     |  |                 |  |              |  |
|                                                                                                                                                                                                                         |  |                                                                         | Depth(s) Groundwater Encountered 1 <b>15</b> ft. 2 _____ ft. 3 _____ ft.                                                    |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                          |  |                                                                         | WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr                                                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                          |  |                                                                         | 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>8.25</b> in. to <b>20</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 Monitoring well</b>                                            |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                          |  |                                                                         | 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 <b>X</b>                                                                               |  |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                               |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 7 Fiberglass _____ Threaded _____ Flush _____                                                                                                                                                                                                                                                            |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| Blank casing diameter <b>2</b> in. to <b>10</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                               |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                      |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 1 Continuous slot 3 <b>Mill slot</b> 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>10</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                             |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                    |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____                                                                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| Grout Intervals From <b>1</b> ft. to <b>8</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 16 Other (specify below)                                                                                                                                                                                                         |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                   |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                   |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 0 1 Pavement                                                                                                                                                                                                                                                                                             |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 1 3 Topsoil, with sand and silt, dark brown                                                                                                                                                                                                                                                              |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 3 7.5 Sand, brown, fine grained                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 7.5 13 Clay, some sand, dark brown with orange mottling                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 13 20 Sand, light brown, fine grained, changes to fine to coarse grained at 15 feet                                                                                                                                                                                                                      |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>05/19/08</b> and this record is true to the best of my knowledge and belief. Kansas                                |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>06/12/08</b>                                                                                                                                                                                       |  |                                                                         |                                                                                                                             |  |                 |  |              |  |
| under the business name of <b>Geotechnical Services 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                                                         |                                                                                                                             |  |                 |  |              |  |