

1 LOCATION OF WATER WELL: County: <u>Sedgewick</u>	Fraction <u>NE SW SW</u> SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number <u>2</u>	Township Number T <u>20</u> <u>S</u>	Range Number R <u>2</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

700' North-northeast of intersection of 127th E. + 31st S. Wichita ML6-17D

2 WATER WELL OWNER: CONOCO, Inc.
200 W. 31st St.

RR#, St. Address, Box # : P.O. Box 2141
City, State, ZIP Code : Houston, TX 77252

3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 48 ft. ELEVATION:

AN "X" IN SECTION BOX: ☐ Depth(s) Groundwater Encountered 1. 38 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 35.91 ft. below land surface measured on mo/day/yr 10/20/92

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

Est. Yield	gpm	Well water was	ft. after	hours pumping	gpm
Base Hole Diameter	in. to	48			

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	9 Dewatering	12 Other (Specify below)
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2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well AGW-7D

Was a chemical/bacteriological sample submitted to Department? Yes.....No ☒.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes.....No ☒

5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped
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1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded

Blank casing diameter 2 in. to 48 ft. Dia. in. to _____ ft. Dia. _____ in. to _____ ft.

Casing height above land surface.....24.....in., weight.....69.....lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: ☒ PVC ☐ 10 Asbestos-cement

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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Covered shutter	4 Key punched	7 Torch cut	10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 38 ft. to 48 ft. From _____ ft. to _____ ft.

From ft. to 4 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 36 ft. to 48 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ 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	Concrete	

Grout Intervals: From 3 ft. to 33 ft., From 33 ft. to 36 ft., From 0 ft. to 3 ft.

What is the nearest source of possible contamination:

1. Contaminated	4. Land application	7. Pit/pond	10. Livestock pens	14. Abandoned water well
2. Contaminated	5. Land application	8. Pit/pond	11. Fuel tank	15. Other (specify)

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)

3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	15 Petroleum Pipeline
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Direction from well? West		How many feet? 300	
FROM	TO	LITHOLOGIC LOG	PLUGGING INTERVALS

FROM	TO	LITHOLOGIC LOG	FROM	TO	FLOODING INTERVALS
0	3.5	Brown silty clay			

3.5	44.0	Yellowish brown to Green weathered Shale		
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44.0	49.0	Olive brn - Red Shale			
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[illegible][illegible][illegible]

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[illegible][illegible]

[illegible]

10. TRANSFER OF MANAGEMENT CERTIFICATION: If the transferee is not a U.S. citizen, the transferee must be a resident of the United States for at least 12 months before the date of the transfer of management certification. The transferee must also be a resident of the United States for at least 12 months before the date of the transfer of management certification. The transferee must also be a resident of the United States for at least 12 months before the date of the transfer of management certification.

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) 10/19/92 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 517 This Water Well Record was completed on (mo/day/yr) 11/12/92

under the business name of Groundwater Technology by (signature) Dennis White

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.

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