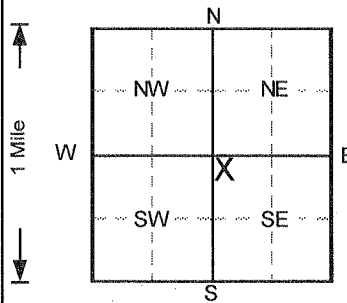


1 LOCATION OF WATER WELL: County: Washington	Fraction NW ¼ NW ¼ SE ¼	Section Number 7	Township Number T 2 S	Range Number R 5 E/W
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Distance and direction from nearest town or city street address of well if located within city?
Mile Point 117, S of Hanover Ave/Yukon Blvd

2 WATER WELL OWNER: Magellan Midstream Partners, L.P.	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : One Williams Center MD 27	
City, State, ZIP Code : Tulsa, OK 74172	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION: 1290
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL 23.33 ft. below land surface measured on mo/day/yr 12/17/2013
	Pump test data: Well water was NA ft. after _____ hours pumping _____ gpm
	Est. Yield NA gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter 6.25 in. to 40 ft., and _____ in. to _____ ft.
	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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
	Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="radio"/> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____	
<input checked="" type="radio"/> 2 PVC 4 ABS 7 Fiberglass Threaded <input checked="" type="checkbox"/>	
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft.	
Casing height above land surface 34.2 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40	
TYPE OF SCREEN OR PERFORATION MATERIAL	<input checked="" type="radio"/> 7 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 <input checked="" type="radio"/> 3 Mill slot 6 Wire wrapped 9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 18 ft. to 40 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input checked="" type="radio"/> 4 Other Concrete
Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	10 Livestock pens 14 Abandoned water well
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	
Direction from well? _____	How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.75	Topsoil, silty, Med. Brown			
0.75	2	Clay, silty, Med. Brown			
2	9	Clay, silty, Reddish Brown			
9	10	Limestone, wthrd., Med. Tan			
10	16	Shale, wthrd., Lt. Tan			
16	32	Shale, wthrd., Med. Gray			
32	40	Shale, wthrd., Dark Reddish Brown			
					MW9, Abovegrade

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 12/4/2013 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 12/21/13 under the business name of GeoCore, Inc. by (signature) <i>Dade Bell</i>

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.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4