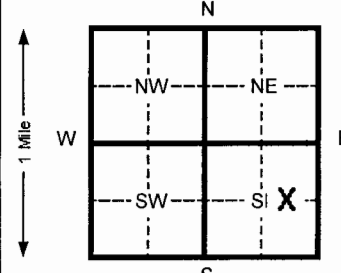


1 LOCATION OF WATER WELL: County: Wilson	Fraction NW ¼ SE ¼ SE ¼	Section Number 18	Township Number T 30 S	Range Number R 16 E/W
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Distance and direction from nearest town or city street address of well if located within city? **BW-1**
Latitude N37° 25' 46.704" Longitude W95° 41' 25.116"

2 WATER WELL OWNER: **BP Amoco Oil Co.**
 RR#, St. Address, Box # : **1100 North 12th Street**
 City, State, ZIP Code : **Neodesha, Kansas 66757**
 Board of Agriculture, Division of Water Resources
 Application Number: **Not Applicable**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL **24** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **Unknown** ft. below top of casing 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 **14.75** in. to **24** 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 **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ **Threaded** _____
 Blank casing diameter **6** in. to **24** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **unknown** in., weight **N/A** lbs./ft. Wall thickness or gauge No. **Schedule 40**
 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:
 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 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 **14** ft. to **24** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **24** 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 _____
 Grout Intervals From **0** ft. to **12** 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 **11** Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? **in source area** How many feet? **0**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.2	05	Clayey sand			
0.2	5.2	05	Very fine grained sand & silt			
5.2	6.5	01	Brown clay with silt			
6.5	7	02	Brown silt			
7	8	05	Very fine grained sand & silt			
8	12	03	Yellowish brown, silty clay			
12	13.5	05	Light olive brown, fine-very fine grained sand & silt			
13.5	17.5	05	Dark grayish brown, fine-very fine grained sand w/silt			
17.5	24	07	Fine grained sand			

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) **10/14/08** 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) **11/19/08** under the business name of **Thiele Geotech, Inc.** by (signature) *D. Dale*

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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