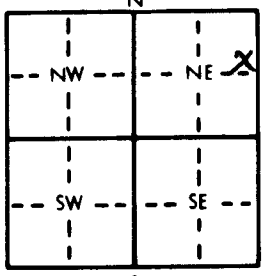


1 LOCATION OF WATER WELL: County: Wilson Fraction: SE 1/4 NE 1/4 NE 1/4 Section Number: 19 Township Number: T 30 S Range Number: R 16 E EW

Distance and direction from nearest town or city street address of well if located within city? 1 mile NE Neodesha, KS mw-33

2 WATER WELL OWNER: Amoco Co Foster Wheeler RR#, St. Address, Box #: 2800 Rockneek Parkway suite 700 City, State, ZIP Code: North Kansas City Mo 64117 Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 14.5 ft. ELEVATION: 792.48

Depth(s) Groundwater Encountered 1. 11.12 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 11.12 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 10 in. to 15 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 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 _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter 2 in. to 9.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 1.62 in., weight _____ lbs./ft. Wall thickness or gauge No. sch 40

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 Mill slot -010 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____
 7 Torch cut

SCREEN-PERFORATED INTERVALS: From 9.5 ft. to 14.5 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 7.5 ft. to 14.5 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 5.5 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 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) Refinery
 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
<u>0</u>	<u>2.8</u>	<u>Dark brown silty clay</u>	<u>5.5</u>	<u>7.5</u>	<u>bentonite pellets</u>		
<u>2.8</u>	<u>15.0</u>	<u>Dark brown green silty clay</u>					

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) 12-3-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 534 This Water Well Record was completed on (mo/day/yr) 4/2/91 under the business name of PSI by (signature) [Signature]

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

Late submittal as discussed with Don Taylor 4/2/91