

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Cowley		SW ¼ NW ¼ NW ¼	30	T 34 S	R 4 EW
Distance and direction from nearest town or city street address of well if located within city? 615 N. Summit, Arkansas City, Kansas					
2 WATER WELL OWNER: Mason Oil Company, Inc.					
RR#, St. Address, Box # : P.O. Box 648					
City, State, ZIP Code : Arkansas City, Kansas 67005					
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 19.0 ft. ELEVATION: 1085.51 TOC			
		Depth(s) Groundwater Encountered 1 NA ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 14.98 ft. below land surface measured on mo/day/yr 11/06/04			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8.5 in. to 19.0 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 _____ 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	
2 PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
Blank casing diameter 2.375 in. to 9.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Welded _____	
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40				Threaded X	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		5 Fiberglass		10 Asbestos-cement	
		6 Concrete tile		11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 19.0 ft. to 9.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 19.0 ft. to 7.0 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals From 0.0 ft. to 1.5 ft. From 1.5 ft. to 7.0 ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage (former)	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? Northwest How many feet? 90					
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	3.0		Concrete, sand		
3.0	4.5		Dark gray silty clay, trace red mottling, firm, moist, moderate odor		
4.5	7.0		Gray brown-gray silty clay, firm, moist-very moist, moderate-slight odor		
7.0	13.0		Brown very silty clay, friable, very moist, slight odor		
13.0	17.0		Brown silty clay, slightly orange, mottled black, trace sand, firm, moist, faint odor		
17.0	17.5		Brown olive very silty clay, sandy, gravelly, limestone fragments, very moist, slight odor		
17.5	19.0		Olive shale, slightly clayey, gravelly, much limestone fragments, hard, dry		
19.0			Limestone		
RECEIVED					
NOV 29 2004					
BUREAU OF WATER					
Flush-mount well completion approved by Don Taylor, KDHE, BOW.					
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) 09/16/04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 11/24/04					
under the business name of Quad State Services, Inc. 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, 1000S 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.					

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