

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Cowley		SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	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 19.5 ft. ELEVATION: 1085.72 TOC			
		Depth(s) Groundwater Encountered 1 NA ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 13.97 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 19.5 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	
				6 Asbestos-Cement 9 Other (specify below)	
				7 Fiberglass	
Blank casing diameter 2.375 in. to 9.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued _____ Clamped _____			
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40		Welded _____ Threaded X			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				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	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 19.5 ft. to 9.5 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 19.5 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		7 Pit privy	
2 Sewer lines		5 Cess pool		11 Fuel storage (former)	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
				13 Insecticide storage	
				10 Livestock pens	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
Direction from well? Northwest		How many feet? 140			
LITHOLOGIC LOG					
FROM	TO	CODE			
0.0	2.0		Concrete, sand		
2.0	6.0		Gray silty clay, mottled rust and brown, firm, moist		
6.0	14.0		Brown silty clay-clayey silt, friable, very moist		
14.0	16.5		Brown very silty clay, slightly gray, trace sand, firm, very moist-moist		
16.5	18.5		Brown very silty clay, trace black mottling, trace sand, trace gravel, firm-friable, moist		
18.5	19.5		Light brown shale, slightly clayey, calcareous, limestone fragments, hard dry		
19.5			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, 1000 S 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.					

OFFICE USE ONLY

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