

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Cowley</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>31</u>	<u>T</u> <u>34</u> <u>S</u>	<u>R</u> <u>4</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city?					
2) WATER WELL OWNER: <u>Mason Oil Company</u>					
RR#, St. Address, Box # : <u>1709 S. Summit</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Arkansas City, Kansas 67005</u>			Application Number:		
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>18</u> ft. ELEVATION: _____			
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the SW quadrant.</p>		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>12.41</u> 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 <u>7 5/8</u> in. to <u>18</u> 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 <u>(10)</u> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>(2)</u> PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
			7 Fiberglass		Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>sch. 40</u>					
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:					
1 Continuous slot		<u>(3)</u> Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>8</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>6</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: 1 Neat cement <u>(2)</u> Cement grout <u>(3)</u> Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>4</u> ft., From <u>4</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	<u>(11)</u> 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? <u>Excavation</u>		How many feet? <u>0</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Cly, med brn, sl f-c snd, sl grvl, v slty, sl org mat to 1', damp			
3	6	Snd, v f-f grnd, sl med- coarse grns, mod-v cly, med brn clr, v slty, damp			
6	10.5	Snd, v f-f grnd, frly well srt'd, subrnd-subang, sl tr of med-c grns, v slty, mod yell-brn, damp			
10.5	17	Snd, v f-med grnd, sl-mod c grns, tr of grvl, prly srt'd, subrnd-subang, lt yell-brn clrd.			
17	18	Snd, as above, but lt gry clrd			
					MW2 - Flushmount cover
					Don Taylor
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-18-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/yr) <u>10-24-94</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>[Signature]</u>					