USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

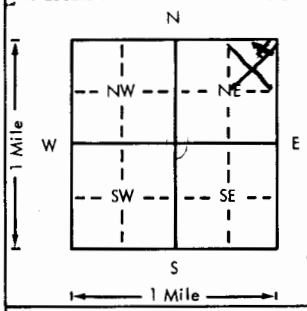
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MONTGOMERY	1/4 1/4 NE 1/4	2	T 35 S	R 15 E/W

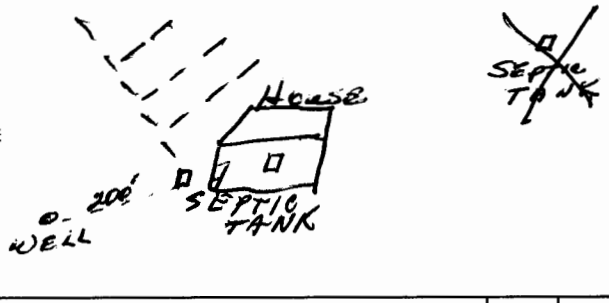
2. Distance and direction from nearest town or city: 1 MILE SOUTH OF DEARING Ka. 1 MILE WEST, 1/4 SOUTH
Street address of well location if in city:

3. Owner of well: DE WAYNE DIXON
R.R. or street: 609 W. 1st.
City, state, zip code: COFFEYVILLE KANS. 67337

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 7-7-78
Well depth 55 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC SCH. 40 Weight ____ lbs./ft.
Dia. 6 in. to 20 ft. depth Wall Thickness: inches or gage No. 0.320
Dia. ____ in. to ____ ft. depth

5. Type and color of material	From	To
BROWN CLAY	0	15
SAND ROCK	15	35
SAND GREY	35	55

(Use a second sheet if needed)

10. Screen: Manufacturer's name _____
Type _____ Dio. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
Gravel pack? ____ Size range of material _____

11. Static water level: mo./day/yr.
10 ft. below land surface Date 7-7-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 8 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date _____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? YES
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: NONE
ft. ____ Direction ____ Type ____
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 35 R 15 E/W Sec 2 1/4 NE 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATION

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name MOORE DRILLING CO. License No. 345
Address BOX 22, DEARING Ka.
Signed Delbert Moore Date 7-7-78
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023