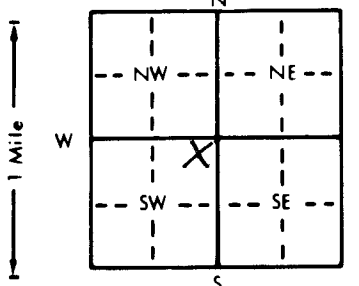


1 LOCATION OF WATER WELL: County: Gore Fraction: NE 1/4 NE 1/4 SW 1/4 Section Number: 12 Township Number: T 11 S Range Number: R 29 EW

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Cooper Oil Co. RR#, St. Address, Box #: Grainfield, Ks. 67737 City, State, ZIP Code: _____ MW#5 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: 140 ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 122.93 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: 8 in. to 140 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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 10 Monitoring well |

12 Other (Specify below) _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; 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 | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
| 2 <u>PVC</u> | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) _____ | Welded _____ <u>X</u> |
| | | 7 Fiberglass | | Threaded _____ |

Blank casing diameter: 4 in. to 110 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 0 in., weight 2,071 lbs./ft. Wall thickness or gauge No. 237

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 | 3 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 110 ft. to 140 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 105 ft. to 140 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 0 ft. to 101 ft., From 101 ft. to 105 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------------|
| 1 Septic tank | 4 Lateral lines | 7 Pit privy | 10 Livestock pens | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 15 Oil well/Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) _____ |
| | | | 13 Insecticide storage | Removed Fuel Storage |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|--|------|-----|--------------------------------|
| 0 | 2 | Surface | 127 | 140 | Sandy Clay w/a few Sand Strks. |
| 2 | 14 | Loess | | | |
| 14 | 22 | Clay | | | |
| 22 | 30 | Sandy Clay w/Caliche | | | |
| 30 | 40 | Sandy Clay w/Caliche Strks. | | | |
| 40 | 50 | Sandy Clay w/Sand Strks. | | | |
| 50 | 60 | Sandy Clay w/Sand Strks. | | | |
| 60 | 76 | Sandy Clay w/a Few Sand & Caliche Strks. | | | |
| 76 | 87 | Med. Sand & Gravel w/a Few Clay Strks. | | | |
| 87 | 94 | Sandy Clay | | | |
| 94 | 120 | Med. Sand w/Clay Layers | | | |
| 120 | 127 | Med. Sand w/a Few Clay & Cemented Strks. | | | |

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) 10-9-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554. This Water Well Record was completed on (mo/day/yr) 10-21-96 under the business name of Woofter Pump & Well, Inc. by (signature) Jay C. Woofter

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
EW
SEC