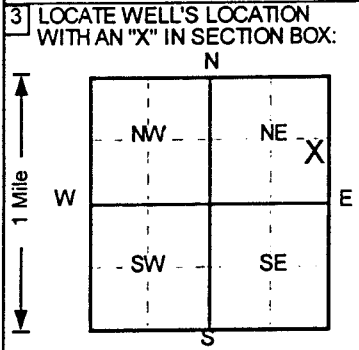


1 LOCATION OF WATER WELL: Fraction **NE 1/4 SE 1/4 NE 1/4** Section Number **16** Township Number **T 12 S** Range Number **R 23 E/W**
 County: **Trego**

Distance and direction from nearest town or city street address of well if located within city?
I-70 & K-283 - Wakeeney, Kansas

2 WATER WELL OWNER: **The Service Oil Company**
 RP#, St. Address, Box # : **P.O. Box 446** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Colby, Kansas 67701** Application Number:



4 DEPTH OF COMPLETED WELL **100** ft. ELEVATION: **2447.63**
 Depth(s) Groundwater Encountered 1. **999** ft 2. _____ ft 3. _____ ft
 WELL'S STATIC WATER LEVEL **82.87** ft below land surface measured on mo/day/yr **7/11/97**
 Pump test data: Well water was **NA** ft after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **100** 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 **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

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded
 Blank casing diameter **2** in. to **70** ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft
 Casing height above land surface **-3.12** in., weight _____ Sch **40** lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL **7** PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass **8** RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3** Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **70** ft to **95** ft, From _____ ft to _____ ft
 From _____ ft to _____ ft, From _____ ft to _____ ft
 GRAVEL PACK INTERVALS: From **66** ft to **100** ft, From _____ ft to _____ ft
 From _____ ft to _____ ft, From _____ ft to _____ ft

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 Other _____
 Grout intervals: From **0** ft to **63** ft, From **63** ft to **66** 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)
 ... **Former UST Basin** ...
 Direction from well? _____ How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Clay, Dark Brown			
4	14	Clay, Brown			
14	19	Clay, Light Brown			
19	25	Sand, Brown			
25	31	Sand, Light Brown			
31	39	Clay, Brwon			
39	48	Sand, Brown			
48	55	Sand, Light Brown			
55	62	Sand, Light Brown/Brown			
62	70	Sand, Multi			
70	77	Sand, Light Brown			
77	100	Sand, Light Brown			
					MW13, Tag # 00194844, Flushmount
					Project Name: Travel Shoppe #1
					GeoCore # 211, KDHE # U6 098 850

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) **3/19/97** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **7/14/97**
 under the business name of **GeoCore Services, Inc.** by (signature) **Dale a Robl**

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.