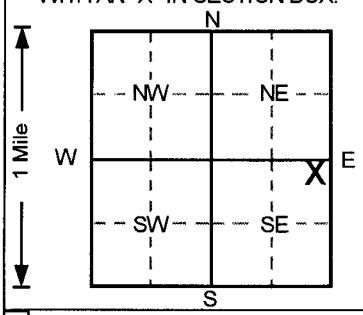
WATER WELL RECORD Form WWC-5 KSA 82a-1212

| 1 LOCATION OF WATER WELL: County: Barton | Fraction: NE ¼ NE ¼ SE ¼ | Section Number: 22 | Township Number: T 19 S | Range Number: R 11 E/W |
|---|---|---|---|---|

Distance and direction from nearest town or city street address of well if located within city?
**Santa Fe Ave/Weiland St - Ellinwood**

2 WATER WELL OWNER: **Lebbin Oil**
RR#, St. Address, Box # : **501 E. Santa Fe**
City, State, ZIP Code : **Ellinwood, Kansas 67526**
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 ..... 18 ..... ft. ELEVATION: ..... 1783.17 .....
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL .... 11 .... ft. below land surface measured on mo/day/yr .... 6/21/95 .....
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 ..... 18 ..... 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 ..... 8 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... -3.24 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... Sch. 40 .....
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 ..... 8 ..... ft. to ..... 18 ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... 7 ..... ft. to ..... 18 ..... 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 ..... 5 ..... ft., From ..... 5 ..... ft. to ..... 7 ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage ... Unknown .....
Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 5 | Clay, Dark Brown | | | |
| 5 | 9 | Clay, Brown-Gray | | | |
| 9 | 14 | Sand, Brown | | | |
| 14 | 18 | Sand, Brown | | | |
| | | | | | MW13 , Tag # 00132808 , Flushmount |
| | | | | | Project Name: AG and W - Lebbin |
| | | | | | GeoCore # 179 , KDHE # U6 005 755 |

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) ..... 7/3/95 ..... 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) ..... 7/25/95 .....
under the business name of **GeoCore Services, Inc.** by (signature) [signature]

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 E/W SEC. ¼ ¼ ¼