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

1 LOCATION OF WATER WELL: County: STAFFORD | Fraction: C W/2 ¼ SW ¼ SW ¼ | Section Number: 31 | Township Number: T 21 S | Range Number: R 11 E/W

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

4-N 4-E OF HUDSON,KS.

2 WATER WELL OWNER: DAWSON-MARKWELL EXPLORATION CO.

RR#, St. Address, Box # : 3620 N.W. 58TH.

City, State, ZIP Code : OKLAHOMA,CITY,OKLA. 73112

Board of Agriculture, Division of Water Resources Application Number: T91-0302

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N; NW, NE, W, E, SW, SE, S; 1 Mile; X

4 DEPTH OF COMPLETED WELL 62 ft. ELEVATION: .....

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

WELL'S STATIC WATER LEVEL 3 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 9 in. to ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 X Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection 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 2 X PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) .....

CASING JOINTS: Glued X Clamped ..... Welded ..... Threaded .....

Blank casing diameter 5 in. to 52 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight ..... lbs./ft. Wall thickness or gauge No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 X PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 X Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 52 ft. to 62 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 62 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ..... NONE

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	35	CLAY			
35	62	GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-15-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-B This Water Well Record was completed on (mo/day/yr) 9-26-91 under the business name of SAM'S WATER WELL SERVICE 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 66620-7320. 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