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

WATER WELL RECORD
KSA 82a-1201-1215

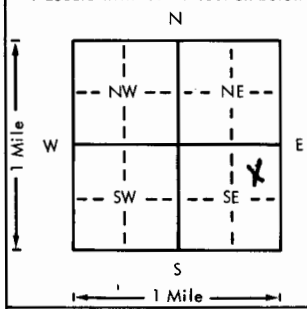
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	1/4 CNE 1/4 SE 1/4	11	T 21 S	R 14 E/W

2. Distance and direction from nearest town or city: 4 N. 1 W.
Street address of well location if in city: Seward, KS

3. Owner of well: Allen Drilling Co.
R.R. or street: Box 1389
City, state, zip code: Great Bend, KS

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Topsoil - Clay	0	18
Sand	18	32
Clay	32	40
Sand - Gravel	40	62

(Use a second sheet if needed)

6. Bore hole dia. 7 in. Completion date _____
Well depth 62 ft. 6-4-77

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

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

9. Casing: Material _____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight _____ lbs./ft.
Dia. 4 in. to 64 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch 40

10. Screen: Manufacturer's name MPI
Type PVC Dia. 4
Slot/gauze 1/16" Length 20'
Set between 42 ft. and 62 ft.
_____ ft. and _____ ft.
Gravel pack? X Size range of material 1/4 - 3/4

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6-4-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination: Oil
ft. 60 Direction SE Type Test
Well disinfected upon completion? ____ Yes X 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

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:

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 Kelly's Water Well Ser License No. 186
Address R 2 Great Bend, KS
Signed Kelly Price Date 7-12-78
Authorized representative

T 21 R 14 E/W Sec 11 1/4 1/4 1/4 CNE SE

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

Form WWC-5

MI-1023