

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 <b>Rice</b>	Fraction <b>sw 1/4 se 1/4 sw 1/4</b>	Section number <b>10</b>	Township number T <b>21</b> S R <b>8</b> E/W	Range number	
2. Distance and direction from nearest town or city: <b>1 1/2 - E of Sterling, Ks. north side</b> Street address of well location if in city:			3. Owner of well: <b>Energy Exploration, Inc.</b> R.R. or street: <b>120 S. Market Suite 606</b> City, state, zip code: <b>Wichita, Kansas 67202</b>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. <b>9-7/8</b> in. Completion date _____ Well depth <b>60</b> ft. <b>7-1-79</b>	
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<b>XXXXXXX top soil</b>			<b>0</b>	<b>2</b>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>clay</b>			<b>2</b>	<b>7</b>	9. Casing: Material <b>pvc</b> Height: Above or <del>below</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4 1/2</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.237</b>		
<b>sand &amp; gravel</b>			<b>7</b>	<b>60</b>	10. Screen: Manufacturer's name _____ <b>CertainTeed</b> Type <b>pvc</b> Dia. <b>4 1/2</b> Slot/groove <b>xxx 1/16</b> Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>		
					11. Static water level: _____ mo./day/yr. <b>8</b> ft. below land surface Date <b>6-21-79</b>		
					12. Pumping level below land surfaces: <b>na</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: _____ Inches above grade <input type="checkbox"/> Pitless adapter _____		
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
					16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>east</b> Type <b>oilwell</b> Well disinfected upon completion? <b>hth</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)							
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. <b>Rosencrants-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <b>[Signature]</b> Date <b>7-12-79</b> Authorized representative				

T 21-8 W 10 SW SE SW 1/4 1/4 1/4

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

Form WWC-5