

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Stafford</u>	<u>SW 1/4 NE 1/4 NE 1/4</u>	<u>12</u>	<u>22</u>	<u>13</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>3 1/4 North, 1 3/4 West of Hudson, Ks.</u>																																								
2 WATER WELL OWNER: <u>Harris Oil & Gas</u>																																								
RR#, St. Address, Box #: <u>1225 17th Street- Suite 2290</u> SFW2891																																								
City, State, ZIP Code : <u>Denver, Co. 80202</u> Board of Agriculture, Division of Water Resources Application Number: <u>20040183</u>																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>N W</td><td></td><td>N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> S							N W		N E	W			E		S W		S E									4 DEPTH OF WELL..... <u>109</u>ft. WELL'S STATIC WATER LEVEL..... <u>30</u>ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....No.. <u>X</u> .. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes... <u>HTH</u> No.....			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED:																																								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 																																								
Blank casing diameter..... <u>5</u>in. Was casing pulled? Yes..... No.. <u>X</u> .. If yes, how much..... Casing height above or <u>below</u> land surface..... <u>30</u>in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... <u>hole plug</u>																																								
Grout Plug Intervals: From <u>109</u> ft. to <u>3</u> ft., From.....ft. toft., From..... to.....ft.																																								
What is the nearest source of possible contamination:																																								
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Direction from well? How many feet?																																								
FROM	TO	PLUGGING MATERIALS																																						
<u>109</u>	<u>3</u>	<u>hole plug</u>																																						
<u>3</u>	<u>0</u>	<u>Top soil</u>																																						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>8-23-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/year) .. <u>8-25-04</u> ... under the business name of ... <u>Rosencrantz-Bemis</u> by (signature) <u>[Signature]</u>																																								

RECEIVED

SEP 20 2004

BUREAU OF WATER

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.