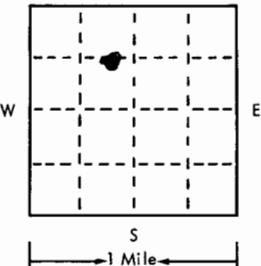


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

CE 1/2  
T R EW sec 1/4 1/4 1/4 No. WNW

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| 1 Location of well:                                                                                                                                 | County <u>Stafford</u> | Township name | Fraction <u>CE 1/2 NW NW</u>                                                                                                                                                                                                                                                                                                                 | Section number <u>12</u> | Town number <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                               | Range number <u>14</u>                                                                      |  |
| Distance and direction from nearest town or city: <u>18 South 1 West of Larnard</u>                                                                 |                        |               | 3 Owner of well: <u>Search Drilling Co.</u><br>Address: <u>Wichita Ks. 250 N. Rock Rd.</u><br><u>Williams #1</u>                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
| Locate with "X" in section below:<br>                              |                        |               | Sketch map:                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 Well depth: <u>70</u> ft. Date of completion <u>1-31-75</u><br>Well diameter <u>5</u> in. |  |
| 2<br>Type and color of material                                                                                                                     |                        |               | From                                                                                                                                                                                                                                                                                                                                         | To                       | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                         |                                                                                             |  |
|                                                                                                                                                     |                        |               | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>oil field</u> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
|                                                                                                                                                     |                        |               | 7 Casing: Material <u>Plastic</u> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2</u> in.<br>Diam. <u>2</u> in. to <u>20</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><u>2</u> in. to <u>20</u> ft. depth               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
|                                                                                                                                                     |                        |               | 8 Screen:<br>Manufacturer <u>John Mansuetti</u><br>Type <u>PCC</u> Dia. <u>2</u><br>Slot/gauze <u>5</u> Length <u>10</u><br>Set between <u>60</u> ft. and <u>70</u> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>    </u>                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
|                                                                                                                                                     |                        |               | 9 Static water level:<br><u>14</u> ft. below land surface Date <u>1-31-75</u>                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |  |
| Plugged by <u>Theodore Hatten,</u><br><u>Route 1</u><br><u>Pratt, KS 67124</u><br><u>Conversation with Search Drilling on</u><br><u>3/27/75 DUB</u> |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                                        |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                         |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 12 Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                        |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ____<br>Depth: From <u>0</u> ft. to <u>10</u> ft.                                                                                                                                                               |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 14 Nearest source of possible contamination:<br>ft. <u>100</u> Direction <u>West</u> Type <u>salt water</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                |                                                                                             |  |
| (use a second sheet if needed)                                                                                                                      |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 16 Remarks: elevation                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |  |
|                                                                                                                                                     |                        |               |                                                                                                                                                                                                                                                                                                                                              |                          | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Search Drilling Co.</u> <u>143</u><br>Business name License No.<br>Address <u>Wichita Ks.</u><br>Signature <u>[Signature]</u> Date <u>1-31-75</u><br>Authorized representative                                                                       |                                                                                             |  |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5