

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fraction<br><u>NW 1/4 NW 1/4 NE 1/4</u> | Section<br><u>10</u>    | Township<br><u>24</u>    | Range<br><u>14</u>      | Number<br><u>NEW</u> |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>4 west 1/2 south of St. John, Ks.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>Nacogdoches Oil</u><br>RR #, St. Address, Box #: <u>P.O. Box 632418</u><br>City, State, ZIP Code : <u>Nacogdoches, TX 75963</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>20060227 &amp; SFW3259</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center; margin-top: 10px;"><table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">N</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table><p style="text-align: center;">W <span style="margin-left: 100px;">E</span></p></div>                                                                                                                                                                                                                                                                                                                                                           |                                         | N                       |                          | NW                      | NE                   | SW            | SE            | S                  |                          | <b>4 DEPTH OF WELL</b> <u>70</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>37</u> ft.<br><b>WELL WAS USED AS:</b><br><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 Domestic (Lawn &amp; Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other .....</td></tr></table><br>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes <u>HHH</u> No ..... |                  |                       |                   | 1 Domestic               | 5 Public Water Supply | 9 Dewatering           | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot               | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial      | 8 Air Conditioning   | 12 Other ..... |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | N                       |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NE                                      |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SE                                      |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 Public Water Supply                   | 9 Dewatering            |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6 Oil Field Water Supply                | 10 Monitoring Well      |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Domestic (Lawn & Garden)              | 11 Injection Well       |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 Air Conditioning                      | 12 Other .....          |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td>2 <u>PVC</u></td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table><br>Blank casing diameter ..... <u>5</u> ..... in.      Was casing pulled?      Yes .....      No <u>X</u> .....      If yes, how much .....<br>Casing height above or <u>below</u> land surface ..... <u>36</u> ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                         |                          |                         |                      | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 <u>PVC</u>     | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 RMP (SR)                              | 5 Wrought               | 7 Fiberglass             | 9 Other (Specify below) |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 2 <u>PVC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 ABS                                   | 6 Asbestos-Cement       | 8 Concrete Tile          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement      2 Cement grout      3 Bentonite      4 Other <u>Hole plug</u><br>Grout Plug Intervals:      From ..... ft.      to ..... ft.,      From ..... ft.      to ..... ft.,      From <u>70</u> to <u>3</u> ..... ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td><u>None</u></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table><br>Direction from well? .....      How many feet? ..... |                                         |                         |                          |                         |                      | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 Pit privy      | 12 Fertilizer storage | <u>None</u>       | 3 Watertight sewer lines | 8 Sewage lagoon       | 13 Insecticide storage |              | 4 Lateral lines          | 9 Feedyard         | 14 Abandoned water well |                            | 5 Cess pool       | 10 Livestock pens | 15 Oil well/Gas well |                |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Seepage pit                           | 11 Fuel storage         | 16 Other (specify below) |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Pit privy                             | 12 Fertilizer storage   | <u>None</u>              |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 Sewage lagoon                         | 13 Insecticide storage  |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 Feedyard                              | 14 Abandoned water well |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| 5 Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Livestock pens                       | 15 Oil well/Gas well    |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:70%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>70</u></td><td><u>3</u></td><td><u>Hole plug</u></td></tr><tr><td><u>3</u></td><td><u>0</u></td><td><u>Top soil</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                        |                                         |                         |                          |                         |                      | FROM          | TO            | PLUGGING MATERIALS | <u>70</u>                | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Hole plug</u> | <u>3</u>              | <u>0</u>          | <u>Top soil</u>          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                                      | PLUGGING MATERIALS      |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <u>70</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>3</u>                                | <u>Hole plug</u>        |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>0</u>                                | <u>Top soil</u>         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |
| <b>7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-20-06</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>10-24-06</u> under the business name of <u>Rosenkrantz-Bemis</u><br>by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                         |                          |                         |                      |               |               |                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                       |                   |                          |                       |                        |              |                          |                    |                         |                            |                   |                   |                      |                |  |  |  |  |

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.