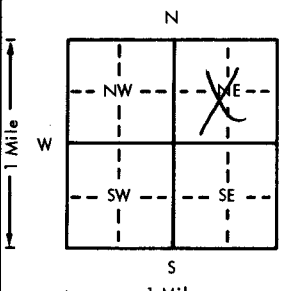


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>FINNEY</b> | Fraction<br><b>NE 1/4 SW 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                       | Section number<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Township number<br><b>T 4 S R 34</b> | Range number<br><b>4W</b> |
| 2. Distance and direction from nearest town or city:<br><b>From Holcomb<br/>River Bridge 2 south 3 1/4 west 3/4 north</b><br>Street address of well location if in city: |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 3. Owner of well: <b>Circle Land &amp; Cattle Co.</b><br>R.R. or street: <b>(Williams #47)</b><br>City, state, zip code: <b>Garden City, Ks. 67846</b>                                                                                                                                                                                                                                                                                                                      |                                      |                           |
| 4. Locate with "X" in section below:                                                                                                                                     |              | Sketch map:             |                                                                                                                                                                                                                                                                                                                                                               | 6. Bore hole dia. <b>26</b> in. Completion date <b>4-1-76</b><br>Well depth <b>385</b> ft.                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                           |
|                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary                                                                                                                                                                                |                                      |                           |
| 5. Type and color of material                                                                                                                                            |              | From                    | To                                                                                                                                                                                                                                                                                                                                                            | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                      |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 9. Casing: Material <b>steel</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>36.87</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>386</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>217 m/c</b>                                             |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 10. Screen: Manufacturer's name<br><b>No Screen</b><br>Type <input type="checkbox"/> Dia. <input type="checkbox"/><br>Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/><br>Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Perf. <b>120-385</b> ft. and <input type="checkbox"/> ft.<br>Gravel pack <input checked="" type="checkbox"/> Size range of material <b>1/2" Down</b>                                              |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>69</b> ft. below land surface Date <b>2-2-75</b>                                                                                                                                                                                                                                                                                                                                                         |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 12. Pumping level below land surfaces:<br><b>81</b> ft. after <b>2</b> hrs. pumping <b>609</b> <b>609</b><br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <b>609</b> g.p.m.                                                                                                                                                                                                          |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                       |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                                          |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft. <b>N/A</b>                                                                                                                                                                                                                                                          |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 16. Nearest source of possible contamination:<br>ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                     |                                      |                           |
|                                                                                                                                                                          |              |                         |                                                                                                                                                                                                                                                                                                                                                               | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name: <b>National Pump</b><br>Model number <b>1211</b> HP <b>125</b> Volts <input type="checkbox"/><br>Length of drop pipe <b>220</b> ft. capacity <b>1000</b> ?<br>Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                      |                           |
| (Use a second sheet if needed)                                                                                                                                           |              |                         |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                           |
| 18. Elevation:                                                                                                                                                           | 19. Remarks: |                         | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Minter Wilson Drilling 208</b><br>Business name <b>P.O. Box A Garden City, Ks.</b><br>Address <b>7-22-76</b><br>Signed <b>[Signature]</b> Date <b>7-22-76</b><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                           |
| Topography:<br><input checked="" type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley          |              |                         |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                           |

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

Form WWC-5

# DRILLING COMPANY

**(WE TEST THE EARTH)**

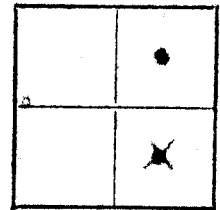
**Phone 948-4252**

### Drawer Y

**SUNRAY, TEXAS**

**Test No**

County



| FROM | TO  | DESCRIPTION                                   | SAND |
|------|-----|-----------------------------------------------|------|
|      | 100 | Superficial Sand & Clay                       |      |
| 100  | 120 | Clay w. med to coarse loose sand near surface | 2    |
| 120  | 140 | med to coarse loose sand w. clay              | 14   |
| 140  | 160 | med to coarse loose clean sand w. clay        | 16   |
| 160  | 180 | med to coarse loose clean sand w. clay and sh | 17   |
| 180  | 200 | Loose clay w. sand sh                         | 2    |
| 200  | 220 | Loose soft clay w. sand sh                    | 4    |
| 220  | 240 | Loose loose clean sand w. clay sh and sh      | 75   |
| 240  | 260 | med to coarse loose clean sand w. clay sh     | 16   |
| 260  | 280 | Loose loose clean sand                        | 30   |
| 280  | 300 | med to coarse soft to loose sh to clean sand  | 16   |
| 300  | 320 | Loose loose clean sand w. clay                | 18   |
| 320  | 340 | Loose loose sand w. clay sh                   | 10   |
| 340  | 360 | med to coarse loose sand w. clay              | 11   |
| 360  | 380 | Loose med to coarse loose clean sand          | 13   |
| 380  | 400 | Loose sand                                    | 3    |