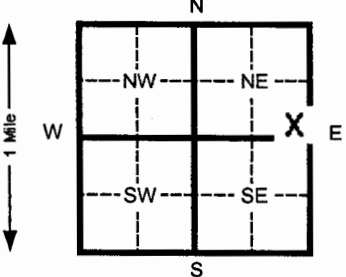


1 LOCATION OF WATER WELL: County: Sedgwick		Fraction: SE ¼ SE ¼ NE ¼		Section Number: 36	Township Number: T 25 S	Range Number: R 01 W																																																																													
Distance and direction from nearest town or city street address of well if located within city? 100 W. Main, Valley Center																																																																																			
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Shaw Oil 107 N. Meridian Valley Center, KS 67147			Board of Agriculture, Division of Water Resources Application Number:																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 24 ft. ELEVATION: 1344.22 (TOC) Depth(s) Groundwater Encountered 1 15 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 13.02 ft. below land surface measured on mo/day/yr 12-14-04 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 24 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																																																	
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ 7 Fiberglass _____ Welded _____ Blank casing diameter 2 in. to 22 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 22 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals From 0.5 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? _____ How many feet? _____																																																																																			
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>0.5</td><td></td><td>Concrete</td><td></td><td></td><td></td></tr><tr><td>0.5</td><td>10</td><td></td><td>Fill Sand</td><td></td><td></td><td></td></tr><tr><td>10</td><td>13</td><td></td><td>Silty Clay with sand, high plasticity</td><td></td><td></td><td></td></tr><tr><td>13</td><td>24</td><td></td><td>Sand, occasional clay layers, very fine to coarse grain, round, quartz</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	0.5		Concrete				0.5	10		Fill Sand				10	13		Silty Clay with sand, high plasticity				13	24		Sand, occasional clay layers, very fine to coarse grain, round, quartz																																													
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 1-17-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 1-18-05 under the business name of Geotechnical Services, Inc. by (signature) _____ INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																			