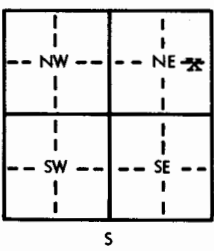


1. Location of well:		County Stafford	Fraction NE 1/4 SE 1/4 NE 1/4	Section number 11	Township number T 25	Range number S 12
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. 24 in. Completion date 4-14 Well depth 51 ft.		
5. Type and color of material				7. ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		
Sandy top soil				8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other		
Sandy clay & sand streaks				9. Casing: Material Steel Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☐ PVC ☐ Weight 30.3 lbs./ft. Dia. 16 in. to 31 ft. depth Wall Thickness: inches or Dia. in. to ft. depth gage No. 7 ga.		
XX Brown & white clay & limestone				10. Screen: Manufacturer's name W. A. Brown Type Double-slot Dia. 16 " Slot gauge 1/8 Length 20 ' Set between 31 ft. and 51 ft. Gravel pack? Yes Size range of material 3/8-200		
Sand & gravel				11. Static water level: 14 ft. below land surface Date 2/26/76 mo./day/yr.		
Brown clay				12. Pumping level below land surfaces: N/C ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes ☒ No ☐ Date ____		
				14. Well head completion: 12 inches above grade ____ Pitless adapter		
				15. Well grouted? Yes With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ☒ No ☐		
				17. Pump: Not installed Manufacturer's name FMC Corp./Peerless Model number 10LB-5 HP 25 Volts 460 Length of drop pipe 40 ft. capacity 400 g.p.m. Type: ____ Submersible ☒ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other		
18. Elevation:				19. Remarks:		
Topography: ____ Hill ____ Slope ____ Upland ____ Valley				This is a manifold system. The other well has not been completed as of this date. It will be sent upon completion and marked "This is a manifold system."		
				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Clarke Well & Equip. Inc. 185 Business name License No. 67530 Address Great Bend, KS Signed [Signature] Date 4-16 Authorized representative		