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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

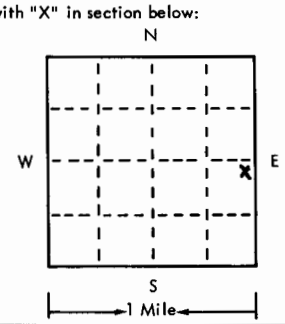
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		NENESE	22	25S	14W

Distance and direction from nearest town or city: 6½ N. Byers

Street address of well location if in city:

3 Owner of well: Red Tiger Drilling Co
Address: 1720 W. Wichita Plaza
Wichita, KS.

Locate with "X" in section below:



Sketch map:

Rig #1
Dyco Petro., Smith

4 Well depth: 50 ft. Date of completion 2-14-75
Well diameter 5⅝ in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Oil Rig

7 Casing: Material B. I. Height: (above)/below
Threaded ☒ Welded ☐ Surface 12 in.
Diam. Weight ____ lbs./ft.
2 in. to 50 ft. depth Drive shoe? ☐ Yes ☒ No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Top Soil - Clay	0	30
Sand - Gravel	30	50
Received reply from Robert A. Yancey on 4/23/25 that this water well was plugged by their company according to 28-30-7 Abandonment Regulations 1, 2 & 3 4/24/25 DWB		
(use a second sheet if needed)		

8 Screen:
Manufacturer Unknown
Type Slot Dia. 2"
Slot/gauze 1/16" Length 10'
Set between 40 ft. and 50 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8"-3/4"

9 Static water level:
14 ft. below land surface Date 2-14-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade 12"

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ ____
Depth: From ____ ft. to 10 ft.

14 Nearest source of possible contamination: oil-tks
ft. 100 Direction W. Type Test
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

17 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.
Business name Kellys Water Well Ser 186 License No.
Address R 7 Great Bend KS
Signed Kelly Price Date 2-20-75
Authorized representative

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

Form WWC-5