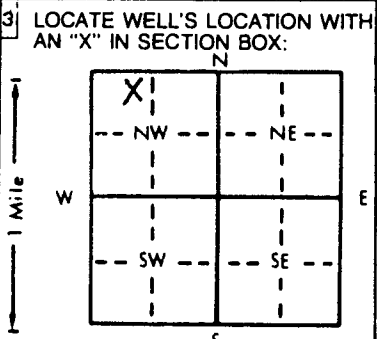


1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NW 1/4 Section Number 4 Township Number T 25 S Range Number R 16 E/W
 County: Edwards

Distance and direction from nearest town or city street address of well if located within city?
2 1/4 miles south, 1/4 mile east of Belpre, Kansas, south side of County Road

2 WATER WELL OWNER: Northern Natural Gas
 RR#, St. Address, Box # : P.O. Box 47, Hwy. 54
 City, State, ZIP Code : Mullinville, Ks. 67109
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 45.5 ft. ELEVATION: 97.86 (Relative)
 Depth(s) Groundwater Encountered 1. 30 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 29.38 ft. below land surface measured on mo/day/yr 07-30-93
 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" in. to 4.5 in. to _____ in. to _____ in.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No ✓

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) Welded _____
 7 Fiberglass Threaded ✓
 Blank casing diameter 2 in. to 25.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 31 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 45.5 ft. to 25.5 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 45.5 ft. to 23 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 23 ft. to 2.5 (bent) ft., From 2.5 ft. to 0 (cem) 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) Abandoned pit
 13 Insecticide storage
 Direction from well? NW How many feet? 8

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7.5	Clay, Silty, dk. gray			
7.5	13	Sand, Silty, fine, gray			MW1
13	17.5	Sand, Fine, Clayey, brown			Northern Natural Gas
17.5	19	Clay, Sandy, gray			Edwards County #2
19	23	Sand, Fine, Clayey, brown and gray			Compressor Station
23	28	Sand, Fine to med., Clayey, brownish-gray			
28	39.5	Sand, Clayey, brown, fine to med.			
30.5	31	Sand, Calich, White			
31	32	Sand, Fine to med. brown			
32	45	Sand, Fine, brown			

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/year) 07-27-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 08-07-93 under the business name of GeoCore Services, Inc. by (signature) Doug Ray

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.