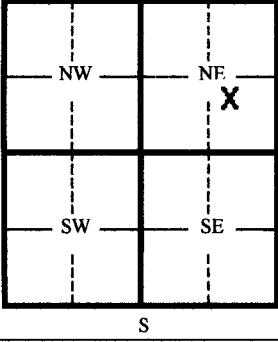


1 LOCATION OF WATER WELL:		Fraction County: Gray NW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 11	Township Number 26S	Range Number 28W																																																
Distance and direction from nearest town or city street address of well if located within city?																																																					
2 WATER WELL OWNER: Grasser Oil RR#, St. Address, Box # 210 East Ave. A Board of Agriculture, Division of Water Resources City, State, ZIP Code : Cimarron, KS 67835 Application Number:																																																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr><td colspan="2"></td><td>4</td><td>DEPTH OF WELL 36.36 ft.</td></tr> <tr><td colspan="2"></td><td>E</td><td>WELL'S STATIC WATER LEVEL dry ft.</td></tr> <tr><td colspan="2"></td><td colspan="4">WELL WAS USED AS:</td></tr> <tr><td colspan="2"></td><td>1 Domestic</td><td>5 Public Water Supply</td><td colspan="2">9 Dewatering</td></tr> <tr><td colspan="2"></td><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td colspan="2">10 Monitoring Well</td></tr> <tr><td colspan="2"></td><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td colspan="2">11 Injection Well</td></tr> <tr><td colspan="2"></td><td>4 Industrial</td><td>8 Air Conditioning</td><td colspan="2">(12) Other Extraction Well</td></tr> </table>						4	DEPTH OF WELL 36.36 ft.			E	WELL'S STATIC WATER LEVEL dry ft.			WELL WAS USED AS:						1 Domestic	5 Public Water Supply	9 Dewatering				2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well				3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well				4 Industrial	8 Air Conditioning	(12) Other Extraction Well											
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<p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>																																																					
5 TYPE OF BLANK CASING USED:																																																					
1 Steel		3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)																																																
(2) PVC		4 ABC	6 Asbestos-Cement	8 Concrete Tile																																																	
Blank casing diameter 4 in.		Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much Overdrilled 20 feet																																																			
Casing height above or below land surface 0 in.																																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other																																																					
Grout Plug Intervals From 3 ft. to 36.36 ft. From ft. to ft. From ft. to ft.																																																					
What is the nearest source of possible contamination:																																																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 2-21-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 3-27-06 under the business name of Woofter Pump & Well, Inc. by (signature) <i>Dearyle Wootter</i>																																																					
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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																																					