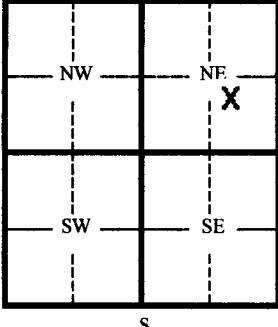
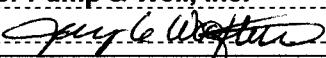


1 LOCATION OF WATER WELL:		Fraction NW 1/4 SE 1/4 NE 1/4	Section Number 11	Township Number 26S	Range Number 28W																																																
Distance and direction from nearest town or city street address of well if located within city?																																																					
2 WATER WELL OWNER: Grasser Oil RR#, St. Address, Box # 210 East Ave. A City, State, ZIP Code : Cimarron, KS 67835																																																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL 35.3 ft. WELL'S STATIC WATER LEVEL dry ft. WELL WAS USED AS: <table> <tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>(12) Other Extraction Well</td></tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				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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5 TYPE OF BLANK CASING USED: <table> <tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr> <tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr> </table> 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.						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																																							
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other Grout Plug Intervals From 3 ft. to 35.3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination:																																																					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool		6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens		11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well																																																	
16 Other (specify below) Previously Contaminated Site																																																					
Direction from well? _____ How many feet? _____																																																					
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th colspan="3">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td>0</td><td>3</td><td></td><td colspan="3">Gravel</td></tr> <tr><td>3</td><td>35.3</td><td></td><td colspan="3">Bentonite</td></tr> <tr><td></td><td></td><td></td><td colspan="3"></td></tr> <tr><td></td><td></td><td></td><td colspan="3"></td></tr> <tr><td></td><td></td><td></td><td colspan="3"></td></tr> <tr><td></td><td></td><td></td><td colspan="3"></td></tr> <tr><td></td><td></td><td></td><td colspan="3"></td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			0	3		Gravel			3	35.3		Bentonite																																
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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) 																																																					
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.																																																					