

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Gray		SE ¼ SE ¼ SE ¼	19	T 26 S	R 29 E/W
Distance and direction from nearest town or city? 1½ South, 3 West, 3 South of Ingalls, Ks.			Street address of well if located within city?		
2 WATER WELL OWNER:		Samuel Gary Oil Producers			
RR#, St. Address, Box # :		#4 Inverness Court East			
City, State, ZIP Code :		Englewood, Colorado 80112			
		Board of Agriculture, Division of Water Resources Application Number: -----			
3 DEPTH OF COMPLETED WELL 159 ft. Bore Hole Diameter 7 7/8 in. to 159 ft., and in. to ft.					
Well Water to be used as:					
1 Domestic 3 Feedlot		5 Public water supply		8 Air conditioning	
2 Irrigation 4 Industrial		9 Dewatering		11 Injection well	
		10 Observation well		12 Other (Specify below)	
Well's static water level 80 ft. below land surface measured on January month 28 day 1981 year					
Pump Test Data : Well water was ft. after hours pumping gpm					
Est. Yield 75 gpm: Well water was ft. after hours pumping gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
XXX 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				Casing Joints: Glued XXX Clamped	
				Welded	
				Threaded	
Blank casing dia 5 in. to 99 ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. 265					
TYPE OF SCREEN OR PERFORATION MATERIAL: XXX PVC					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				XXX Saw cut	
				11 None (open hole)	
Screen-Perforation Dia. 5 in. to 159 ft., Dia in. to ft., Dia in. to ft.					
Screen-Perforated Intervals: From 99 ft. to 159 ft., From ft. to ft., From ft. to ft.					
Gravel Pack Intervals: From 14 ft. to 159 ft., From ft. to ft., From ft. to ft.					
5 GROUT MATERIAL: XXX Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grouted Intervals: From 4 ft. to 14 ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				XXX 15 Oil well Gas leak	
				16 Other (specify below)	
Direction from well North How many feet 300 ? Water Well Disinfected? Yes XXX No					
Was a chemical/bacteriological sample submitted to Department? Yes No XXX If yes, date sample was submitted month day year Pump Installed? Yes Rental No					
If Yes: Pump Manufacturer's name Aermotor Model No. ? HP ? Volts 220					
Depth of Pump Intake ? ft. Pumps Capacity rated at ? gal./min.					
Type of pump: XXX Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on January month 28 day 1981 year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252					
This Water Well Record was completed on February month 12 day 1981 year under the business name of Friesen Windmill & Supply Inc. by (signature) _____					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		0	4	Fine Sand	
		4	9	Topsoil	
		9	25	Clay	
		25	50	Fine, Med. to Lar. Sand	
		50	64	Clay	
		64	95	Med. to Lar. Sand w/Clay Streaks	
		95	127	Gravel	
		127	144	Clay	
		144	158	Gravel	
158	164	Clay, Yellow-Very Hard & Sticky			
ELEVATION: Slope					
Depth(s) Groundwater Encountered 1. Not available ft. 3. ft. 4. ft. (Use a second sheet if needed)					

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.