

Security Oil-Tyler  
SVX-3 Rd

| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fraction<br><u>NN 1/4 NW 1/4 SW 1/4</u> | Section Number<br><u>28</u>   | Township Number<br><u>27 S</u> | Range Number<br><u>1 W</u> |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>8730 W. Highway 54, Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                               |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <u>Security Oil</u><br><u>John Alefs</u><br>RR#, St. Address, Box #: <u>PO Box 48220</u><br>City, State, ZIP Code: <u>Wichita, KS 67201</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                               |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                               |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td>N W</td><td>N E</td></tr> <tr><td>W</td><td>X</td><td>E</td></tr> <tr><td></td><td>S W</td><td>S E</td></tr> </table> S</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                               | N W                            | N E                        | W             | X             | E                  |                          | S W                     | S E              | 4 DEPTH OF WELL... <u>34</u> .....ft.<br>WELL'S STATIC WATER LEVEL... <u>NA</u> .....ft.<br>WELL WAS USED AS:<br><table style="width:100%;"> <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 Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other... <u>soil vapor</u></td> </tr> </table> <u>Extraction</u><br>Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u> .<br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes..... No <u>X</u> ... |                   |                          | 1 Domestic      | 5 Public Water Supply  | 9 Dewatering | 2 Irrigation    | 6 Oil Field Water Supply | 10 Monitoring Well      | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial         | 8 Air Conditioning | 12 Other... <u>soil vapor</u> |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N W                                     | N E                           |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X                                       | E                             |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S W                                     | S E                           |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 Public Water Supply                   | 9 Dewatering                  |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6 Oil Field Water Supply                | 10 Monitoring Well            |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 Lawn and Garden Only                  | 11 Injection Well             |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 Air Conditioning                      | 12 Other... <u>soil vapor</u> |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%;"> <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>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter... <u>2</u> .....in. Was casing pulled? Yes..... No <u>X</u> ... If yes, how much.....<br>Casing height above or below land surface... <u>0</u> .....in. <u>Well drilled out to 35 feet.</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                               |                                |                            | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC            | 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6 Asbestos-Cement | 8 Concrete Tile          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3 RMP (SR)                              | 5 Wrought                     | 7 Fiberglass                   | 9 Other (specify below)    |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4 ABS                                   | 6 Asbestos-Cement             | 8 Concrete Tile                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other.....<br>Grout Plug Intervals: From <u>0</u> .....ft. to <u>35</u> .....ft., From.....ft. to .....ft., From..... to .....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>East</u> ..... How many feet? <u>50</u> ..... |                                         |                               |                                |                            | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy      | 12 Fertilizer storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |              | 4 Lateral lines | 9 Feedyard               | 14 Abandoned water well |           | 5 Cess Pool            | 10 Livestock pens | 15 Oil well/Gas well |                    |                               |  |  |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 Seepage pit                           | 11 Fuel storage               | 16 Other (specify below)       |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 Pit privy                             | 12 Fertilizer storage         |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 Sewage lagoon                         | 13 Insecticide storage        |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9 Feedyard                              | 14 Abandoned water well       |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 Livestock pens                       | 15 Oil well/Gas well          |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>35</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                    |                                         |                               |                                |                            | FROM          | TO            | PLUGGING MATERIALS | <u>0</u>                 | <u>35</u>               | <u>Bentonite</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO                                      | PLUGGING MATERIALS            |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>35</u>                               | <u>Bentonite</u>              |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
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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/year) <u>12/11/98</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> ..... This Water Well Record was completed on (mo/day/year) <u>12-99</u> ..... under the business name of <u>Healcare Services, Inc.</u><br>by (signature) <u>Dale Bell</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                               |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |
| 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                               |                                |                            |               |               |                    |                          |                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                          |                 |                        |              |                 |                          |                         |           |                        |                   |                      |                    |                               |  |  |  |  |  |  |