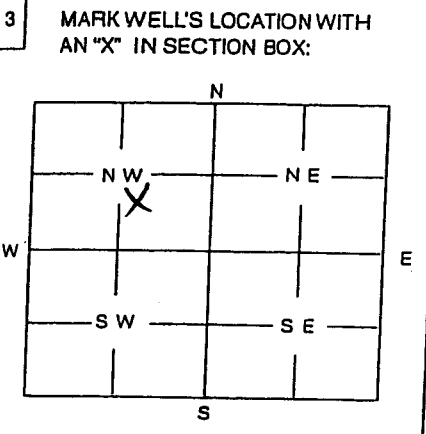


1 LOCATION OF WATER WELL: Fraction NW 1/4 SE 1/4 NW 1/4 Section Number 25 Township Number 27 Range Number 11 W  
 County: PRATT

Distance and direction from nearest town or city street address of well if located within city?  
2 MI W, 2 MI N, 1 MI W OF CUNNINGHAM, KS

2 WATER WELL OWNER: NORTHERN NATURAL GAS CO.  
 RR #, St. Address, Box #: P.O. BOX 178 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: CUNNINGHAM, KS 67035 Application Number: \_\_\_\_\_



4 DEPTH OF WELL 10 ft  
 WELL'S STATIC WATER LEVEL 5 ft  
 WELL WAS USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other \_\_\_\_\_  
 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) \_\_\_\_\_  
 Blank casing diameter 2 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 10'  
 Casing height above or below land surface \_\_\_\_\_ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other NATIVE CLAY  
 Grout Plug Intervals: From 1.5 ft. to 6 ft., From 0 ft. to 1.5 ft., From \_\_\_\_\_ 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) BRINE PIPELINE  
 Direction from well? SE How many feet? 125'

FROM	TO	PLUGGING MATERIALS
0	1.5	NATIVE CLAY 8"
1.5	6	BENTONITE 8"

PULLED CASING, DRILLED OUT 8" BOREHOLE TO 6'; PLUGGED BACK TO SURFACE.  
  
MW 1

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/27/03 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/year) 9/15/03 under the business name of GEOCORE INC.  
 by (signature) [Signature]

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.