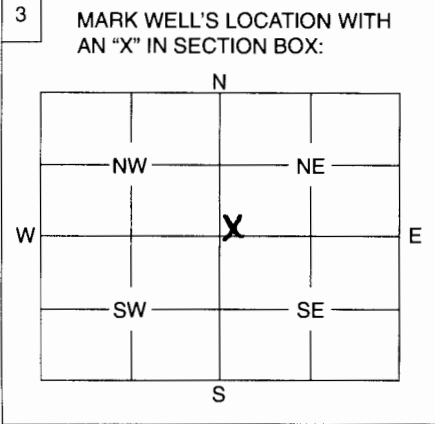


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: PRATT	$\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE	4	27 S.	R. 12 E ^(W)

Distance and direction from nearest town or city street address of well if located within city? *From Natrona, KS to Hwy 90 1 mile NE on 61 Hwy and on the South side of Hwy 61*

2	WATER WELL OWNER: Fossil Drilling.	RR #, St. Address, Box #: 10213 Bineston Blvd	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: Pratt KS 67124		Application Number:



4	DEPTH OF WELL 90 ft.												
	WELL'S STATIC WATER LEVEL 32 ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td><input checked="" type="checkbox"/> 6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	<input checked="" type="checkbox"/> 6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well											
4 Industrial	8 Air Conditioning	12 Other											
	Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>												
	If yes, mo/day/yr sample was submitted												
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <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="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter 5 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much										
	Casing height above or below land surface 48 in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite ^{chips} 4 Other																				
	Grout Plug Intervals: From 90 ft. to 3 ft., From ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <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><input checked="" type="checkbox"/> 15 Oil well/Gas well</td> <td></td> </tr> </table>	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	<input checked="" type="checkbox"/> 15 Oil well/Gas well	
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	Direction from well? <i>North west</i> How many feet? <i>150'</i>																				

FROM	TO	PLUGGING MATERIALS
90	3	Bentonite Chips
3	0	Backfill w/ Dirt.

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) June 17, 2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo/day/year) 6/11/16 under the business name of Fossil Drilling / Fossil's water well serv. by (signature) <i>[Signature]</i>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.