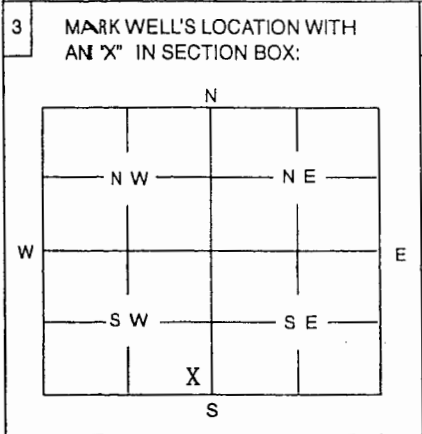


1	LOCATION OF WATER WELL: County: Pratt	Fraction SE SW 1/4 SE 1/4 SW 1/4	Section Number 34	Township Number 27 S	Range Number 13 W
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Distance and direction from nearest town or city street address of well if located within city?
516 E. First Street, Pratt, Kansas

2 WATER WELL OWNER: **Tucker Oil & Gas**
P.O. Box 63
 RR #, St. Address, Box #: **Kingman, KS 67068**
 City, State, ZIP Code : **Kingman, KS 67068**

Board of Agriculture, Division of Water Resources
Application Number:



4 DEPTH OF WELL **57** ft

WELL'S STATIC WATER LEVEL **n/a** ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other <u>Air Injection</u>

Was a chemical / bacteriological sample submitted to Department? Yes No **X**

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No **X**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **1** in. Was casing pulled? Yes No **X**

Casing height above or below land surface **n/a** in. If yes, how much **Overdrilled to 3'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete / 4b Native soil**

Grout Plug Intervals: From **0** ft. to **0.5** ft., From **0.5** ft. to **3** ft., From **3** to **57** ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage
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

16 Other (specify below) Former UST basin

Direction from well? **West** How many feet? **90**

FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete
0.5	3	Native soil (8")
3	57	Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3/30/2004** 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) **4/1/2004** under the business name of **GeoCore Inc.** by (signature) *Orla Hel*

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.