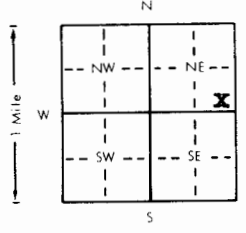


1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number																																																													
County: Ford		SE 1/4 SE 1/4 NE 1/4		22		T 27 S		R 24 NW																																																													
Distance and direction from nearest town or city? 5 NE on Hwy. 155, 2 S, 1 1/2 South of Dodge City, Kansas				Street address of well if located within city?																																																																	
2 WATER WELL OWNER: Samuel Gary Oil Producers (Anderson 22-8)																																																																					
RR#, St. Address, Box #: #4 Inverness Court East Board of Agriculture, Division of Water Resources																																																																					
City, State, ZIP Code: Englewood, Colorado 80112 Application Number: ----																																																																					
3 DEPTH OF COMPLETED WELL: 175 ft. Bore Hole Diameter: 7 7/8 in. to 175 ft. and 175 in. to 175 ft.																																																																					
Well Water to be used as:																																																																					
1 Domestic 3 Feedlot XXV 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)																																																																					
Well's static water level: 80 ft. below land surface measured on February month 17 day 1981 year																																																																					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																					
Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																					
4 TYPE OF BLANK CASING USED:																																																																					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued XX Clamped _____ XX2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing dia 5 in. to 115 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: XX7 PVC 10 Asbestos-cement																																																																					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)																																																																					
Screen or Perforation Openings Are:																																																																					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped XX8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes																																																																					
Screen-Perforation Dia 5 in. to 175 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																																					
Screen-Perforated Intervals: From 115 ft. to 175 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																					
Gravel Pack Intervals: From 14 ft. to 175 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 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage XX15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)																																																																					
Direction from well: Southwest How many feet 200 ? 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: XX 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 February month 17 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 March month 5 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:																																																																					
																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>9</td> <td>Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>55</td> <td>Clay w/Streaks Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>98</td> <td>Med. to Lar. Sand & Gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>98</td> <td>114</td> <td>Caliche</td> <td></td> <td></td> <td></td> </tr> <tr> <td>114</td> <td>140</td> <td>Fine Sand w/Clay Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>140</td> <td>148</td> <td>Yellow Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>148</td> <td>168</td> <td>Fine, Med. to Lar. Sand w/Clay Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>168</td> <td>177</td> <td>Clay, Very Hard w/Sand Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>177</td> <td>180</td> <td>Black Shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	9	Fine Sand				9	55	Clay w/Streaks Fine Sand				55	98	Med. to Lar. Sand & Gravel				98	114	Caliche				114	140	Fine Sand w/Clay Streaks				140	148	Yellow Clay				148	168	Fine, Med. to Lar. Sand w/Clay Streaks				168	177	Clay, Very Hard w/Sand Streaks				177	180	Black Shale			
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ELEVATION: Upland																																																																					
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.																																																																					

OFFICE USE ONLY

T

27

R

24

END

SEC.

22

21

SE 1/4

NE 1/4