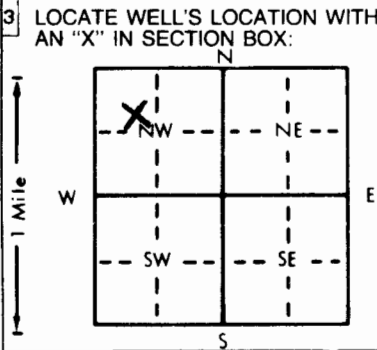


1 LOCATION OF WATER WELL: Fraction SE 1/4 NW 1/4 NW 1/4 Section Number 8 Township Number T 27 S Range Number R 33W EW

Distance and direction from nearest town or city street address of well if located within city?
 17 MILES NORTHWEST OF SUBLETTE, KS

2 WATER WELL OWNER: OXY USA #2 ATKINS
 RR#, St. Address, Box #: P.O. BOX 26100 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: OKLAHOMA CITY, OK 73126-0100 Application Number: (OXY permitted)



4 DEPTH OF COMPLETED WELL: 240 ft. ELEVATION: (OXY permitted)

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 170 ft. below land surface measured on mo/day/yr 2-9-95

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.

WELL WATER USED AS: ~~FOR~~ WAS

5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 240 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 5' below in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 8 ft. to 5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage

Direction from well? *Northeast* How many feet? *180*

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			240	170	CHLORINATED GRAVEL
			170	160	HOLE PLUG
			160	28	COMP. CLAY
			28	5	HOLE PLUG
			5	0	BACKFILL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-9-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWWCL-430 This Water Well Record was completed on (mo/day/year) 2-9-95 under the business name of HOWARD DRLG.CO.BOX 806 BEAVER, OK 73932 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.