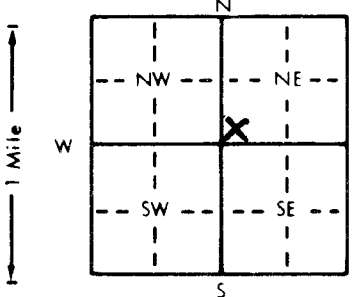


## WATER WELL RECORD

Form WWC-5

KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>HASKELL</b>		<b>SW</b> 1/4 <b>SW</b> 1/4 <b>NE</b> 1/4	<b>21</b>	<b>T 27 S</b>	<b>R 34 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>FROM SUBLETTE 14 MILES NORTH ON HWY. 83, 9.5 (HITCH FEEDERS) .5 NORTH &amp; EAST INTO LOC.</b>					
2 WATER WELL OWNER: <b>OXY USA</b>		<b>GARRISON A-1</b> Board of Agriculture, Division of Water Resources Application Number:			
RR#, St. Address, Box #: <b>BOX 26100</b>					
City, State, ZIP Code: <b>OKLAHOMA CITY, OK 73126-0100</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>300</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL .... <b>200</b> ft. below land surface measured on mo/day/yr <b>2-9-95</b>			
		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 <del>WAS</del> USED AS:			
		1 Domestic 3 Feedlot <input checked="" type="checkbox"/> 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:		CASING JOINTS: Glued Clamped			
<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		Welded			
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Threaded			
Blank casing diameter <b>5</b> in. to <b>300</b> ft. Dia		in. to .... ft. Dia			
Casing height above land surface <b>5' BELOW</b> in. weight		lbs./ft. Wall thickness or gauge No.			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)		12 None used (open hole)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Drilled holes		10 Other (specify)			
2 Louvered shutter 4 Key punched 7 Torch cut					
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 <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other		Grout Intervals: From <b>8</b> ft. to <b>5</b> ft. From .... ft. to .... ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage <input checked="" type="checkbox"/> Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage		How many feet?			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well?					
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
		300 200 <b>CHLORINATED GRAVEL</b>			
		200 190 <b>HOLE PLUG</b>			
		190 28 <b>COMPACTED CLAY</b>			
		28 8 <b>HOLE PLUG</b>			
		8 5 <b>CEMENT GROUT</b>			
		5 0 <b>BACKFILL</b>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>2-9-95</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>KWWCL-430</b> This Water Well Record was completed on (mo/day/year) <b>2-9-95</b> under the business name of <b>HOWARD DRUG CO. BOX 806 BEAVER, OK 73932</b> by (signature) <i>Howard Drug Co.</i>					
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.					

#20511