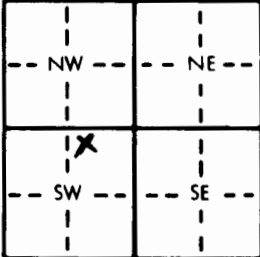


LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Ford	NW 1/4 NE 1/4 SW 1/4	14	T 28 S R 21 EW		
Distance and direction from nearest town or city street address of well if located within city? 3 north, 2.32 east, .45 north of Bucklin, Ks.					
WATER WELL OWNER: TXO Production		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: Box 329		Application Number:			
City, State, ZIP Code: Medicine Lodge, Ks. 67104		Mann B#3			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: 140 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 85 ft. 2. 85 ft. 3. 85 ft.			
		WELL'S STATIC WATER LEVEL 85 ft. below land surface measured on mo/day/yr Sept, 19, '85			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 80 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 10 in. to 140 ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot <input checked="" type="checkbox"/> Oil field water supply <input checked="" type="checkbox"/> 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		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:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____					
<input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> 4 ABS 7 Fiberglass Threaded _____					
Blank casing diameter 5 in. to 120 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 12 in., weight 2.34 lbs./ft. Wall thickness or gauge No. 214					
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/>		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:		5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut <input checked="" type="checkbox"/> 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 120 ft. to 140 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 10 ft. to 140 ft., From _____ ft. to _____ ft.					
FROM _____ ft. to _____ ft., From _____ ft. to _____ ft.					
3 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____					
Grout Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ 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 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage None					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Soil, top			
2	43	Clay, tan			
43	88	Sand, fine to coarse and fine to med. gravel			
88	135	Sand, fine to coarse, fine to coarse gravel			
135	140	Shale, red			
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) Sept. 19, '85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 325 This Water Well Record was completed on (mo/day/yr) Sept. 23, '85					
Under the business name of Central Well & Pump, Inc. by (signature) <i>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					