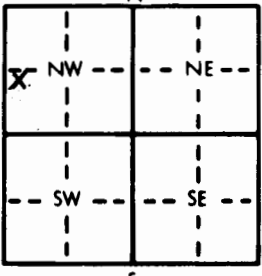
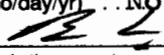


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Haskell		NW 1/4 SW 1/4 NW 1/4	19	T 28 S	R 33 E (W)
Distance and direction from nearest town or city street address of well if located within city? From Sublette Kansas go 6 mi North to Jct. 83 & 160 go 6 mi West 2 5/8 mi North 660' East and 660' North to location.					
2 WATER WELL OWNER: Lee & Fay Thorn		Mobil Oil Corp.			
RR#, St. Address, Box #: Box 225		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: Warsaw, Indiana 46580		Application Number: T 86-353			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 520 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 190 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: 330 ft. below land surface measured on mo/day/yr 11/11/86			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: 11 in. to 520 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 <u>6 Oil field water supply</u> 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 _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> _____ Clamped _____			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		Welded _____			
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Threaded _____			
7 Fiberglass					
Blank casing diameter 6 5/8 in. to 320 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface 28 in., weight 2.85 lbs./ft. Wall thickness or gauge No. 265 .					
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:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____			
2 Louvered shutter 4 Key punched 7 Torch cut					
SCREEN-PERFORATED INTERVALS: From 320 ft. to 520 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 300 ft. to 520 ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From 0 ft. to 10 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		16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well? Southeast of water well		How many feet? 254'			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface	450	475	sandy clay
2	46	sandy clay	475	483	clay with blue shale
46	107	med. sand & gravel	483	497	fine sand
107	168	med. to large sand & gravel	497	516	clay & blue shale
168	173	clay	516	520	amber shale
173	278	blue clay			
278	355	30% fine sand & 60% med. to large sand & 10% gravel			
355	362	clay			
362	377	40% clay & 60% med. to large sand			
377	386	clay			
386	434	50% clay & 50% med. to large sand			
434	450	clay with shale mixed			
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) November 11, 1986 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 118 This Water Well Record was completed on (mo/day/yr) November 20, 1986 under the business name of Carlile Water Well Service, Inc. by (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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					