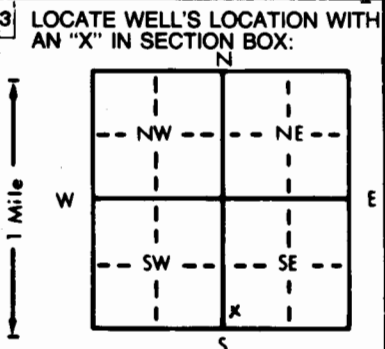


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Grant</b>	<b>SW 1/4 SW 1/4 SE 1/4</b>	<b>4</b>	<b>T 28 S</b>	<b>R 36W EW</b>

Distance and direction from nearest town or city street address of well if located within city? **Ulysses, Kansas - 4 miles North - 5 5/8 miles East - North into location**

2 WATER WELL OWNER: **Mobil Oil Corp.**  
 RR#, St. Address, Box #: **Rt 1, Box 80M**  
 City, State, ZIP Code: **Ulysses, KS 67880**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **38,694**



4 DEPTH OF COMPLETED WELL: **340** ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1. **262** ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **262** ft. below land surface measured on mo/day/yr **05/05/88**

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

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

Bore Hole Diameter: **9** in. to **340** 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	6 Oil field water supply
2 Irrigation	<b>4 Industrial</b>	7 Lawn and garden only
		9 Dewatering
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes.....No. **X**.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
		7 Fiberglass		Threaded .....

Blank casing diameter ..... **5.563** in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **48** in., weight **2.93** lbs./ft. Wall thickness or gauge No. **265**

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:

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

SCREEN-PERFORATED INTERVALS: From ..... **240** ft. to **340** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **25** ft. to **250** ft., From **260** ft. to **340** ft.

6 GROUT MATERIAL: **1 Neat cement** 2 Cement grout **3 Bentonite** 4 Other .....

Grout Intervals: From **4** ft. to **10** ft., From **10** ft. to **25** ft., From **250** ft. to **260** ft.

What is the nearest source of possible contamination:

1 Septic tank	<b>4 Lateral lines</b>	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 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? **150'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Dirt .55 cu. feet of	0	4	dirt
4	10	Neat Cement .82 cu. feet of	4	10	neat cement
10	25	Bentonite Grout 2.05 cu. feet of	10	25	bentonite grout
25	250	Chlorinated Gravel 30.69 cu. feet of	25	250	chlorinated gravel
250	260	Bentonite Grout 1.36 cu. feet of	250	260	bentonite grout
260	340	Chlorinated Gravel 10.91 cu. feet of	260	340	chlorinated gravel

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) **05/05/88** 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) **05/25/88** under the business name of **Carlile Water Well Service, Inc.** 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.