

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number															
County: KANAS Pratt		NW ¼ NW ¼ NW ¼	34	T 29 S	R 12 E/W															
Distance and direction from nearest town or city street address of well if located within city? ½ South, 2 East of Sawyer, Ks. South side of road																				
2 WATER WELL OWNER: CLX Energy, Inc.																				
RR#, St. Address, Box # : 518 17th Street, Suite 745 City, State, ZIP Code : Denver, Co. 80202																				
Board of Agriculture, Division of Water Resources Application Number: 20040019																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL150..... ft. ELEVATION:																		
<div style="text-align:center;">N <table border="1" style="margin:auto; width:150px; height:150px;"><tr><td>X</td><td></td><td></td></tr><tr><td>-NW-</td><td></td><td>-NE-</td></tr><tr><td></td><td></td><td></td></tr><tr><td>-SW-</td><td></td><td>-SE-</td></tr><tr><td></td><td></td><td></td></tr></table>S</div>		X			-NW-		-NE-				-SW-		-SE-				Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL50..... ft. below land surface measured on mo/day/yr2-13-04..... Pump test data: Well water was ft. after hours pumping gpm Est. Yield N/A gpm: Well water was ft. after hours pumping gpm 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
		X																		
		-NW-		-NE-																
		-SW-		-SE-																
Was a chemical/bacteriological sample submitted to Department? Yes No X.....; If yes, mo/day/hrs sample was submitted Water Well Disinfected? Yes HTH No																				
5 TYPE OF BLANK CASING USED:																				
1 Steel 3 RMP (SR)																				
2 PVC 4 ABS																				
Blank casing diameter5..... in. to130..... ft., Dia in. to ft., Dia in. to ft. Casing height above land surface24..... in., weight SDR=26 lbs./ft. Wall thickness or gauge No.																				
TYPE OF SCREEN OR PERFORATION MATERIAL:																				
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement																				
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify)																				
SCREEN OR PERFORATION OPENINGS ARE:																				
1 Continuous slot 5 Guazed wrapped 8 Saw cut 11 None (open hole)																				
2 Louvered shutter 6 Wire wrapped 9 Drilled holes																				
3 Mill slot 7 Torch cut 10 Other (specify)																				
4 Key punched																				
SCREEN-PERFORATED INTERVALS: From150..... ft. to130..... ft., From ft. to ft.																				
GRAVEL PACK INTERVALS: From150..... ft. to20..... ft., From ft. to ft.																				
From ft. to ft., From ft. to ft.																				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Otherhole plug.....																				
Grout Intervals: From20..... ft. to0..... 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 15 Oil well/Gas well																				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)																				
Direction from well? 13 Insecticide storage None																				
How many feet?																				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS															
0	2	Top soil																		
2	11	Clay																		
11	18	Sand & gravel																		
18	27	Clay																		
27	150	Sand & 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)2-13-04..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No134..... This Water Well Record was completed on (mo/day/yr)2-23-04..... under the business name of Rosencrantz- Bemis 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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																				