

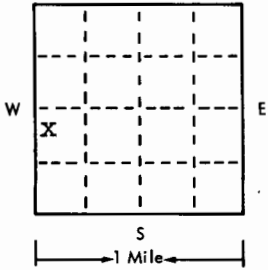
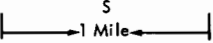
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

O. V. Rag #5-21 Invoice No. 10949

1 Location of well:	County q Haskell	Township name	Fraction NW-SW	Section number 21	Town number 29S	Range number 34W
Distance and direction from nearest town or city: 6 miles west of Satanta, Ks.			3 Owner of well: Zenith Drilling Company Rig #2 Suite 600, 200 W. Douglas Wichita, Kansas 67202			
Street address of well location if in city:			Address:			
Locate with "X" in section below:  Sketch map: 			4 Well depth: 100 ft. Date of completion: 1-8-75 Well diameter 9 in.			
2 Type and color of material			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> Oil Rig			
From To			7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 1/2 in. to 350 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
			8 Screen: Manufacturer WESCO Type PVC Dia. 5 1/2 Slot/gauge 030 Length 10 Set between 310 ft. and 320 ft. Fittings: 1/8 - 3/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
Surface			0	2	9 Static water level: 242 ft. below land surface Date 1-8-75	
Brown clay			2	12	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.	
Tan Clay			12	17	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Sandy Clay			17	23	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
Tan Clay			23	40	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.	
Sandy clay			40	53	14 Nearest source of possible contamination: ft. 100 Direction SW Type Oil Well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fine to medium sand			53	80	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Medium to coarse sand			80	120	17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Carlile Water Well 118 Business name _____ License No. _____ Address Box 275, Liberal, Ks. Signed Edward E. Means Date 1-17-75 Authorized representative	
Fine sand w/clay streaks			120	127		
Medium to coarse gravel			127	140		
Medium sand w/ clay streaks/			140	146		
Medium to coarse gravel			146	234		
Sandy clay			234	240		
Fine to medium sand 2/clay streaks 50-50			240	300		
Fine sand w/clay streaks			300	320		
Clay w/sand streaks (use a second sheet if needed)			320	400		
16 Remarks: elevation Well Given to Ashland Oil, Inc. 50 Penn Place-Suite 1200, Oklahoma City, Oklahoma 73118. Accepted by Mr. Don Peoples of Ashland Oil, Inc. 5/23/75 6/4/75 DWB						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5