

This report replaces report dated Nov. 4, 1975 - owner changed from Rains & Williamson Oil Co., Rig #5 to Cities Service Oil Co.

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

Humble #1 CWW Inv #11787

1. Location of well:		County <b>Haskell</b>	Fraction <b>1/4 NW 1/4 SW 1/4</b>	Section number <b>34</b>	Township number <b>T 30 S</b>	Range number <b>R 34 E/W</b>
2. Distance and direction from nearest town or city: <b>2 miles south, 1 mile west 1/2 mi. north of Satanta</b> Street address of well location if in city:				3. Owner of well: <b>Cities Service Oil Company</b> R.R. or street: <b>3545 N. W. 58th Street</b> City, state, zip code: <b>Oklahoma City, Oklahoma 73112</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date <b>10-31-75</b> Well depth <b>400</b> ft.		
				7. <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		
5. Type and color of material		From		To		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
Surface		0		2		9. Casing: Material <b>plastic</b> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>28</b> in. RMP <b>5</b> <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>305</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>400</b> ft. depth gage No. <b>265</b>
Clay		2		40		10. Screen: Manufacturer's name <b>Wesco</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>.030</b> Length <b>10</b> Set between <b>375</b> ft. and <b>385</b> ft. ft. and ft. Gravel pack? <b>yes</b> Size range of material <b>1/8 to 3/16</b>
Sandy clay		40		117		11. Static water level: <b>210</b> ft. below land surface Date <b>10-31-75</b> mo./day/yr.
Fine sand and Med. to large sand		117		244		12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>45</b> g.p.m.
Med. to large sand		244		265		13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date
Clay, fine sand & Med. to large sand		265		305		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> inches above grade
Clay, fine sand and med. to large sand		305		400		15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>oilwell</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. 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
						20. 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. <b>Carlie Water Well</b> <b>118</b> Business name License No. Address <b>Box 275, Liberal, Kansas</b> Signed <b>Edward E. Means</b> Date <b>11-11-75</b> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5