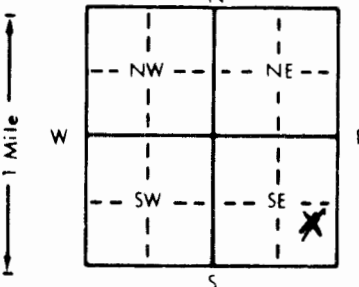


1 LOCATION OF WATER WELL: County: **SEWARD** Fraction: **N2 1/4 SE 1/4 SE 1/4** Section Number: **25** Township Number: **T 31S S** Range Number: **R 34W EW**

Distance and direction from nearest town or city street address of well if located within city?
FROM SUPREME FEEDERS: 4 NORTH, 3 WEST TO STEEL GATE, 3/4 SOUTHWEST & NORTH INTO LOC.

2 WATER WELL OWNER: **OXY USA INC.** RR#, St. Address, Box #: **P.O. BOX 26100** City, State, ZIP Code: **OKLAHOMA CITY, OK 73126-100**
 #2 BEATY "B" Board of Agriculture, Division of Water Resources Application Number: *Oxy Permitted*

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **360** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. **190** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **190** ft. below land surface measured on mo/day/yr **3-9-95**
 Pump test data: Well water was **210** ft. after **1** hours pumping **90** gpm
 Est. Yield: **90** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9 1/2** in. to **360** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot **6** Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 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 **X** Clamped _____
2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing diameter: **5** in. to **360** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight **2.902** lbs./ft. Wall thickness or gauge No. **.280 SDR 21**
 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) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Milli slot 5 Gauzed wrapped **8** Saw cut 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 **300** ft. to **360** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **260** ft. to **360** 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** Other **HOLE PLUG**
 Grout Intervals: From **1** ft. to **20** 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 Sewage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? *Southeast* How many feet? **210**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP			
3	18	SANDY CLAY & CALICHE			
18	76	SAND & GRAVEL			
76	108	SAND W/SAND STONE			
108	136	SAND & GRAVEL W/CLAY			
136	273	SAND & GRAVEL			
273	328	COARSE SAND			
328	344	GRAVEL W/RED, WHITE & BLUE CLAY			
344	353	SAND			
353	360	BLUE CLAY			

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) **3-9-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWWCL-430** This Water Well Record was completed on (mo/day/yr) **3-9-95** under the business name of **HOWARD DRIG.CO.BOX 806 BEAVER, OK 73932** 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, Topeka, Kansas 66620-0001. Telephone: 913-296 5545. Send one to WATER WELL OWNER and retain one for your records