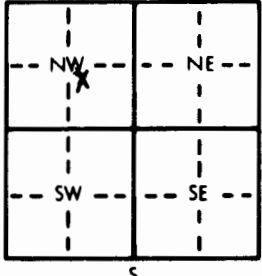


1 LOCATION OF WATER WELL: County: Meade	Fraction NW 1/4 SE 1/4 NW 1/4	Section Number 2	Township Number T 32 S	Range Number R 29 E
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Distance and direction from nearest town or city street address of well if located within city? **From Plains go Northeast to Missler Road 1/2 mi North 3/4mi West into location.**

2 WATER WELL OWNER: **James Floyd** **Cobra Oil & Gas Corp.**
 RR#, St. Address, Box #: **Box 1549** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, Kansas 67901** Application Number: **T 87-24**

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



4 DEPTH OF COMPLETED WELL: **286** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **166** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **120** ft. below land surface measured on mo/day/yr **1/23/87**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **90** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **9** in. to **286** 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter **5 1/2** in. to **200** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **28** in., weight **2.85** lbs./ft. Wall thickness or gauge No. **265**

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 Mill 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 **200** ft. to **286** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **106** ft. to **286** 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 _____
 Grout Intervals: From **0** ft. to **10** 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)
 13 Insecticide storage _____

Direction from well? **Northwest of water well** How many feet? **205'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	12	caliche			
12	24	med. to large sand			
24	58	caliche			
58	87	med. to large sand			
87	93	clay			
93	128	fine sand			
128	138	clay			
138	146	med. sand			
146	165	blue clay			
165	180	med. sand & fine sand			
180	205	blue clay			
205	273	fine sand & med. to large sand			
273	277	blue shale			
277	286	fine sand & med. to lg. sand			

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) **January 23, 1987** 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) **January 28, 1987** under the business name of **Carlile Water well Service, Inc.** 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC.