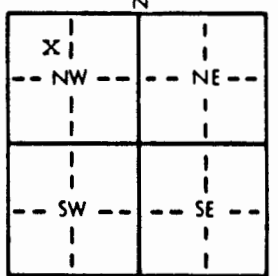


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 19 Township Number T 32S S Range Number R 35W E(W)

Distance and direction from nearest town or city street address of well if located within city? From Woods, Kansas, 7 Miles North, 4 Miles West, 1 1/2 Miles South, East into location

2 WATER WELL OWNER: Wilbur White MOBIL OIL CORPORATION  
 RR#, St. Address, Box #: Moscow, Kansas Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code Application Number: T-87-311

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 380 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 238 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 238 ft. below land surface measured on mo/day/yr 8-12-87  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 110 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 11" in. to 380 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: 5 Wrought iron 8 Concrete tile CASING JOINTS Glued Clamped  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  
2 PVC 4 ABS 7 Fiberglass Threaded  
 Blank casing diameter 6.625 in. to 280 ft., Dia 3.71 in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 28 in., weight ..... lbs./ft. Wall thickness or gauge No. 280  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From 280 ft. to 380 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 160 ft. to 380 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 0 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 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage  
 Direction from well? Southeast of water well How many feet? 175'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	68	clay			
68	83	med to large sand			
83	97	40% clay, 60% med to lar. sand			
97	123	med to large sand			
123	148	85% clay, 15% gravel			
148	162	caliche			
162	186	clay			
186	225	med to lar. sand			
225	263	45% clay, 55% fine sand			
263	304	fine sand, med to large sand mixed			
304	307	black shale			
307	348	med to large sand			
348	380	10% clay, 50% med to lar. sand, 40% gravel			

RECEIVED

DEC 14 1987

DIVISION OF ENVIRONMENT

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) August 12, 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) August 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.