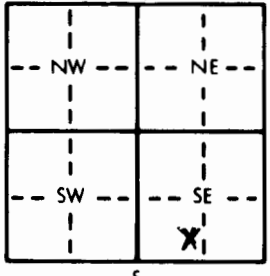


1 LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 SE 1/4** Section Number **25** Township Number **T 32 S** Range Number **R 35 E/W**

Distance and direction from nearest town or city street address of well if located within city? **From Liberal go North on Hwy 83 to Juc. of 51 go west 7 miles 5 mi North 1 mi West 7/8 South 1/4 West to location.**

2 WATER WELL OWNER: **Mrs. Glen Marcellus Mobil Oil Corp.**
 RR#, St. Address, Box #: **924 East 8th Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, Kansas 67901** Application Number: **T 85-501**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **425** ft. ELEVATION: **178** ft. below land surface measured on **6/3/85**
 Depth(s) Groundwater Encountered 1. **247** ft. 2. _____ ft. 3. _____ ft.
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **11** in. to **425** 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 5/8** in. to **245** 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: 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 **160** ft. to **220** ft. From _____ ft. to _____ ft.
 From **300** ft. to **425** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **245** ft. to **425** 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: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **Northwest** How many feet? **210'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	67	sandy clay			
67	83	fine sand			
83	114	clay			
114	128	gravel			
128	147	clay			
147	168	med. to large sand with gravel mixed			
168	175	blue clay			
175	248	streaks of clay & med. to large sand			
248	266	clay with blue clay mixed			
266	321	blue clay and sandy clay			
321	425	45% clay & 55% fine sand with clay streaks			

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) **June 3, 1985** 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) **June 6, 1985** 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 32 R 35 E/W SEC. 25 SW 1/4