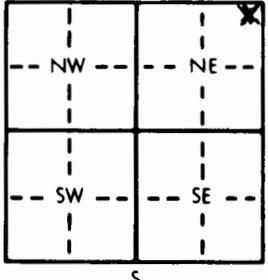


1 LOCATION OF WATER WELL: Fraction **NE 1/4 NE 1/4 NE 1/4** Section Number **35** Township Number **T 32 S** Range Number **R 35 EW**
 County: **Stevens**

Distance and direction from nearest town or city street address of well if located within city? **From Woods go 1mi East 3 7/8mi North and west into location.**

2 WATER WELL OWNER: **Duane & Althe Hamlin Mobil Oil Corp.**
 RR#, St. Address, Box #: **RFD #1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hugoton, Kansas** Application Number: **T 85-510**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **360** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **203** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **157** ft. below land surface measured on mo/day/yr **6/11/85**
 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 **360** 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** 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: 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 **180** ft. to **340** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **180** 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 _____
 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? **260**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	43	sandy clay			
43	58	clay			
58	104	sandy clay			
104	152	clay			
152	171	clay mixed with med. to large sand			
171	218	30% clay, 40% fine sand and 30% blue clay			
218	243	blue clay			
243	258	sandy clay			
258	327	fine sand with med. sand			
327	341	sandy clay			
341	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) **June 11, 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 19, 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 EW SEC. 35 NE 1/4 NW 1/4 W3E 1/4