USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

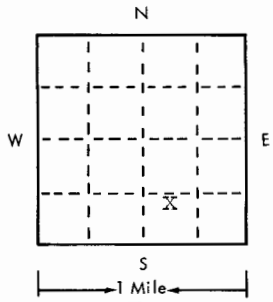
HULPIU Unit #1-2 CWW Inv. # 11778

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stevens		SW¼ SE¼	29	32S	37W

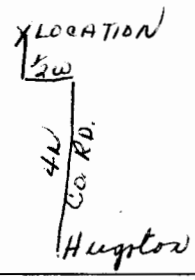
Distance and direction from nearest town or city: 4N, ½W and north of Hugoton
Street address of well location if in city:

3 Owner of well: Zenith Drilling Company Rig #1
Address: Suite 600, 200 W. Douglas Wichita, Kansas 67202

Locate with "X" in section below:



Sketch map:



4 Well depth: 260 ft. Date of completion 10-27,75
Well diameter 9 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ OilRig

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☐ Surface 28 in.
Diam. Weight 2.78 lbs./ft.
5 in. to 200 ft. depth Drive shoe? ☐ Yes ☒ No
5 in. to 260 ft. depth

2

Type and color of material	From	To
Fine Sand	0	32
Clay	32	40
Sandy clay	40	110
Clay and Medium to large sand 30-70	110	204
Clay and medium to large sand 30-70	204	221
Medium to large sand	221	260
(use a second sheet if needed)		

8 Screen:
Manufacturer sawed perf.
Type PVC Dia. 5"
Slot/gauze .030 Length 50
Set between 200 ft. and 250 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 to 3/16

9 Static water level: 120 ft. below land surface Date 10-27-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 60 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter 28 inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction NE Type oilwell
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name Carlile Water Well License No. 118
Address Box 275, Liberal, Ks.
Signed Edward E. Means Date 10-30-75
Authorized representative

32 37W 29 SWSE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5