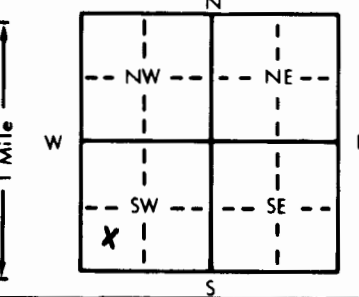


1 LOCATION OF WATER WELL: County: <b>Stevens</b>	Fraction <b>1/2 C-SW 1/4 SW 1/4</b>	Section Number <b>31</b>	Township Number <b>T 32 S</b>	Range Number <b>R 37 EW</b>
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Distance and direction from nearest town or city street address of well if located within city? **From Hugoton go to the Northwest edge to the elevators go 2mi West on Blacktop 2mi North 660' on North and 660 East**


2 WATER WELL OWNER: **George Kuharic Mobil Oil Corp.**  
 RR#, St. Address, Box # : **Star Route # 2**  
 City, State, ZIP Code : **Hugoton, Kansas 67951**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **T 84-901**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>280</b> ft. ELEVATION: .....
	Depth(s) Groundwater Encountered 1. <b>142</b> ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <b>138</b> ft. below land surface measured on mo/day/yr <b>12/10/84</b> Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <b>100</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter <b>11</b> in. to <b>280</b> 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 <u>6 Oil field water supply</u> 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..... <u>No</u> .....; if yes, mo/day/yr sample was submitted Water Well Disinfected? Yes..... <u>No</u> .....

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 **6 5/8"** in. to **180** 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 **180** ft. to **280** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **100** ft. to **280** 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? **Northeast of water well** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	56	clay			
56	83	fine sand & medium to large sand			
83	139	clay			
139	270	medium to large sand			
270	280	clay & sandy 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) **December 10, 1984** 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) **December 17, 1984** 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.