

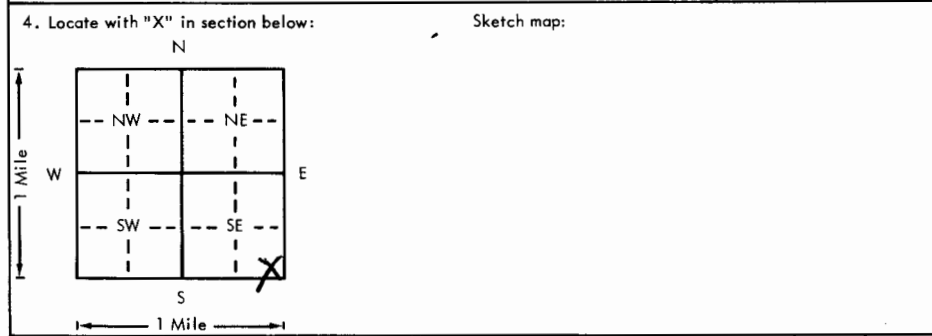
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well: County STEVENS Fraction SE 1/4 SE 1/4 SE 1/4 Section number 6 Township number T 33 S Range number R 35 EW

2. Distance and direction from nearest town or city: 10 EAST
2 1/2 miles N of Hugoton, KS
Street address of well location if in city: _____
3. Owner of well: NORTHERN NATURAL GAS
R.R. or street: Route 1, Box 17
City, state, zip code: Hugoton, Kansas 67951



6. Bore hole dia. 2 1/2 in. Completion date 3-20-80
Well depth 620 ft.
7. Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary
8. Use: Domestic Public supply Industry
 Irrigation Air conditioning Stock
 Lawn Oil field water Other *****
9. Casing: Material Steel Height: Above or below
Threaded Welded Surface 12 in.
RMP PVC Weight 42.5 lbs./ft.
Dia. 1 3/4 in. to 620 ft. depth Wall Thickness: inches or
Dia. in. to ft. depth Gauge No. 250

5. Type and color of material	From	To
Top soil soil		0
Med sand	180	220
Med & fine sand w/clay	220	260
Brown clay	260	300
Med sand & clay streak	300	360
Med coarse sand	360	400
Med sand & clay	400	480
Blue clay	480	575
Med sand	575	615
Red clay	615	630
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Stainless Steel
Type Steel Dia. 1 3/4
Slot/gauze 1/8 Length 400
Set between 360 ft. and 400 ft.
569 ft. and 615 ft.
Gravel pack? YES Size range of material 1/4-1/2
11. Static water level: _____ mo./day/yr.
_____ ft. below land surface Date _____
12. Pumping level below land surfaces: N/A
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.
13. Water sample submitted: _____ mo./day/yr.
 Yes No Date _____
14. Well head completion: N/A
 Pitless adapter _____ Inches above grade
15. Well grouted? YES
With: Neat cement Bentonite Concrete
Depth: From 0 ft. to 10 ft.
16. Nearest source of possible contamination: ******
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No
17. Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: _____
Topography: Hill Slope Upland Valley
19. Remarks:
8. Replacement well*
16. Cropland **
Perf. 292'-360'
400'-569'
615'-620'

20. 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.
KTM DRILLING, INC. 225
Business name _____ License No. _____
Address Box 1305 Guyman, OK
Signed Charles R. [Signature] Date 9/2/80
Authorized representative

T 33 R 35 W 6 SE SE SE