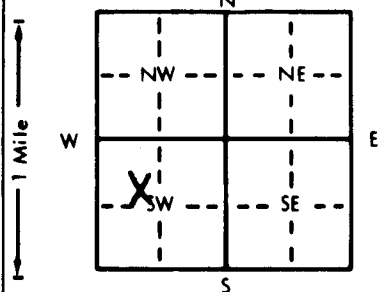


1 LOCATION OF WATER WELL: County: **MORTON** Fraction: **SE 1/4 NW 1/4 SW 1/4** Section Number: **11** Township Number: **T 33 S** Range Number: **R 42 E 11**

Distance and direction from nearest town or city street address of well if located within city?
5 3/4 MILES SW RICHFIELD KS

2 WATER WELL OWNER: **OXY USA** #5 **GREENWOOD B**
 RR#, St. Address, Box #: **P.O. BOX 26100** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **OKLAHOMA CITY, OK 73126-0100** Application Number: **OXY permits**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **160** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: **1. 60** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **.60** ft. below land surface measured on mo/day/yr: **8-26-93**
 Pump test data: Well water was **.85** ft. after **1** hours pumping **100** gpm
 Est. Yield **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9 1/2** in. to **160** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 Monitoring 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:
 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: **5** in. to **160** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight: _____ lbs./ft. Wall thickness or gauge No. **280** SDR **21**

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) _____
 9 ABS 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

SCREEN-PERFORATED INTERVALS: From **100** ft. to **160** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **60** ft. to **160** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other **HOLE-PLUG**
 Grout Intervals: From _____ ft. to **1** ft., From **20** 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? **East** How many feet? **100 yds**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	TOP SOIL & CLAY			
20	40	COARSE SAND & SAND STONE			
40	70	BROWN CLAY			
70	75	SANDY CLAY			
75	80	FINE TO COARSE SAND & SANDY CLAY			
80	100	FINE TO MED. SAND & SANDSTONE			
100	120	FINE TO COARSE SAND			
120	140	FINE TO MED. SAND			
140	160	SANDSTONE GREEN CLAY & STREAKS OF RED BED.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **8-26-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWACL-430**. This Water Well Record was completed on (mo/day/yr) **8-26-93** under the business name of **HOWARD DRUG CO. BOX 806 BEAVER, OK 73932** by (signature) *Howard*

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.