163 <b>WATE</b> I	11144 R WEJ	DW-6-11 L RECORD	Form W	WC-5	Division of Wate	er Resources App. No	0.
		OF WATER WELL:	Fraction		Section Number	Township No.	Range Number
Coun	ty:	Barber	1/4 SE 1/4 SE			T 34 S	
Street	t/Rural A	Address of Well Location;	f unknown, distance	Global Positioning System (GPS) information:			
from nearest town or intersection: If at owner's address, check here					Latitude: 37.051888 (in decimal degrees)		
Approximately 3 miles north and 9 miles west of Hardtner.					Longitude: -98.80439 (in decimal degrees)		
					Elevation: unknown		
2 WATER WELL OWNER: Chieftain Oil Co.					Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method:		
RR#, Street Address, Box #: P.O. Box 24					GPS unit (Make/Model: WAAS		
City, State, ZIP Code : Kiowa, KS 67070					Digital Map/Photo, Topographic Map, Land Survey		
Est. <u>Accuracy</u> : □ <3 m, □ 5-15 m, □ >15 m							
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 90 ft.							
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.							
SECTION BOX:    Depth(s) Groundwater Encountered (1)   ft. (2)   ft. (3)   ft. WELL'S STATIC WATER LEVEL   9.40   ft. below land surface measured on mo/day/yr   8/16/11							
Pump test data: Well water was Not checked ft. after hours pumping gpm							
NW NE EST. YIELD gpm. Well water was ft. after hours pumping gpm							
W							
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well							
-SW   Domestic   Feedlot   Oil field water supply   Dewatering   Other (Specify below)							
Irrigation Industrial Domestic-lawn & garden Monitoring well							
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No  If yes, mo/day/yr sample was submitted							
S If yes, mo/day/yr sample was submitted 1 mile1 Water well disinfected?  Yes No							
5 TYPE OF CASING USED:       ☐ Steel       ☒ PVC       ☐ Other         CASING JOINTS:       ☒ Glued       ☐ Clamped       ☐ Welded       ☐ Threaded							
Casing diameter in to ft. Diameter 5 in to 35 ft Diameter in to ft.							
Casing diameter in. to ft., Diameter in. to in. to in. to in. to in. to in. to in. weight 236 lbs./ft., Wall thickness or gauge No 214							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
Steel Stainless Steel PVC Other (Specify)							
SCREEN OR PERFORATION OPENINGS ARE:							
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From 35 ft. to 85 ft., From ft. to ft.							
SCREEN-PERFORATED INTERVALS: From 35 ft. to 85 ft From ft. to ft.							
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$							
GRAVEL PACK INTERVALS: From 20 ft. to 90 ft., From ft. to							to ft.
Fromft. toft., Fromft. toft.							
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From ft. to ft., From 0 ft. to 20 ft., From ft. to ft.							
What is the nearest source of possible contamination:  Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)							
	Sewer lin		Sewage lagoon	Fuel storag		d water well	` • •
			it 🔲 Feedyard	Fertilizer st	orage 🔲 Oil well/g		None Known
_	tion fron		· · · · · · · · · · · · · · · · · · ·	Distance			
FROM	TO	LITHOLOG	IC LOG	FROM	TO LITHO. L	OG (cont.) <u>or</u> PLU	GGING INTERVALS
0	2	Topsoil					
2	5	Clay, brown		<u> </u>			
5	9	Sand, gravel, fine to c		1			
9 38	38 40	Clay, brown, soft, silty Broken shale, some s	·	<del>                                     </del>			
40	52	Clay, brown, shale, re		+ +			
52	57	Broken shale, red, gre	<del></del>				
57	60	Shale, red		+			
60	85	Broken shale streaks,	red. green	1			
85	90	Shale, red, green	·, g, i	1			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 8/16/11 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 8/22/11							
under the business name of Clarke vveil & Equipment, Inc. by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.							
Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at							
http://www.kdheks.gov/waterwell/index.html.							
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy							