

1 LOCATION OF WATER WELL	Fraction Center 1/4 NW 1/4 NW 1/4	Section Number 2	Township Number T 34 S	Range Number R 19 E/W
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Distance and direction from nearest town or city? **6 E, 5 South of Protection**  
 Street address of well if located within city?

2 WATER WELL OWNER: **Lear Petroleum Exploration Inc.**  
 RR#, St. Address, Box #: **Box 1200, Oil Center Bldg.**  
 City, State, ZIP Code: **Oklahoma City, O.K. 73112**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **----**

3 DEPTH OF COMPLETED WELL... **39** ft. Bore Hole Diameter... **9 7/8** in. to... **39** ft., and... in. to... ft.  
 Well Water to be used as:  
 1 Domestic  3 Feedlot  5 Public water supply  8 Air conditioning  11 Injection well   
 2 Irrigation  4 Industrial  7 Lawn and garden only  9 Dewatering  12 Other (Specify below)   
 10 Observation well   
 Well's static water level... **20** ft. below land surface measured on... **May** month... **6** day... **1980** year  
 Pump Test Data  
 Est. Yield **2-3** gpm: Well water was... ft. after... hours pumping... gpm  
 Well water was... ft. after... hours pumping... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  Casing Joints: Glued  Clamped   
~~XX~~ PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below)  Welded   
 7 Fiberglass  Threaded   
 Blank casing dia... **5** in. to... **9** ft., Dia... in. to... ft., Dia... in. to... ft.  
 Casing height above land surface... **24** in., weight... **2.8** lbs./ft. Wall thickness or gauge No... **265**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
~~XXX~~ PVC  10 Asbestos-cement   
 1 Steel  3 Stainless steel  5 Fiberglass  8 RMP (SR)  11 Other (specify)   
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  12 None used (open hole)   
 Screen or Perforation Openings Are:  
 1 Continuous slot  3 Mill slot  5 Gauzed wrapped  ~~XXX~~ 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-Perforation Dia... **5** in. to... **39** ft., Dia... in. to... ft., Dia... in. to... ft.  
 Screen-Perforated Intervals: From... **9** ft. to... **39** ft., From... ft. to... ft. to... ft.  
 From... ft. to... ft., From... ft. to... ft. to... ft.  
 Gravel Pack Intervals: From... **8** ft. to... **39** ft., From... ft. to... ft. to... ft.  
 From... ft. to... ft., From... ft. to... ft. to... ft.

5 GROUT MATERIAL: 1 Neat cement  2 Cement grout  ~~XXX~~ Bentonite  4 Other   
 Grouted Intervals: From... **0** ft. to... **8** ft., From... ft. to... ft. to... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank  4 Cess pool  7 Sewage lagoon  10 Fuel storage  14 Abandoned water well   
 2 Sewer lines  5 Seepage pit  8 Feed yard  11 Fertilizer storage  ~~XXX~~ 5 Oil well/Gas well   
 3 Lateral lines  6 Pit privy  9 Livestock pens  12 Insecticide storage  16 Other (specify below)   
 13 Watertight sewer lines   
 Direction from well... **West** How many feet... **100** ? Water Well Disinfected? Yes... ~~XXX~~ No  
 Was a chemical/bacteriological sample submitted to Department? Yes... No... ~~XXX~~ If yes, date sample was submitted... month... day... year: Pump installed? Yes... ~~XX~~ they installed their own  
 If Yes: Pump Manufacturer's name... Model No... HP... Volts...  
 Depth of Pump Intake... ft. Pumps Capacity rated at... gal./min.  
 Type of pump: 1 Submersible  2 Turbine  3 Jet  4 Centrifugal  5 Reciprocating  6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on... **May** month... **6** day... **1980** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**  
 This Water Well Record was completed on... **May** month... **12** day... **1980** year under the business name of **Friesen Windmill & Supply Inc.** by (signature)

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	7	Top Soil		
	7	31	Fine to Med. Sand			
	31	40	Red Bed			

ELEVATION: **Upland**

Depth(s) Groundwater Encountered **1. Not available** ft. **3** ft. **4** ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
34  
R  
19  
SEC.  
C 1/4  
NW 1/4  
SW 1/4  
SE 1/4