WATE	R WELI	REC	ORD			Form	WWC-	5	Divisio	on of Wate	er Resources; A	pp. No.			
	ATION O		ER WE	ELL:		action			Section 1	Number	Township N	Number	Range N	Jumber	
	ty: Sewar						E "NE	3 1/4	32		T 34	3	R 33	E <b>W</b>	
Distance and direction from nearest town or city street address of well if										Global Positioning Systems (decimal degrees, min. of 4 digits)					
located within city? 343 E. Pancake, Liberal, KS									Latitude:						
2 WATER WELL OWNER: Madden Oil Co.									Longitude:						
RR#, St. Address, Box # 211 S. Kansas Ave.									Elevation:						
City, State, ZIP Code Liberal, KS 67901									Datum:						
3 LOCATE WELL'S   4 DEPTH OF COMPLETED WELL 180										Data Collection Method: ft.					
1	ATION														
WIT	H AN "X' TION BO	' IN X:	Depth(s WELL'S	s) Groun S STATI	dwater Ei C WATEI	ncounte R LEVI	ered (1) EL 169.78	ft. l	ft. pelow lan	(2)	ft. e measured on	(3)	/vr 3-13-07	7 ft.	
	N			rump te:	si dala: w	'eli wat	er was		tt. after		hours pu	mning		gnm	
Est. Yield gpm: Well water was ft. after hours pumping													gnm		
WELL WATER TO BE USED AS: 5 Public water supply  8 Air conditioning 11 Injection well  1 Domestic 3 Feedlot 6 Oil field water supply												٠.			
W E I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify bel 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well												y below)			
SW  SE     Was a chemical/bacteriological sample submitted to Department'? Yes No X   If yes mo/day/yrs															
Was a chemical/bacteriological sample submitted to Department'? Yes No X If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X															
	S														
5 TYPE	OF CAS	ING US	SED:	5 Wro	ught Iron		8 Conc	rete tile	· · · · · · · · · · · · · · · · · · ·	CASIN	G JOINTS: C	ilued	Clamn	ed	
L	Steel	3 RMP	(SR)	6 Asb	estos-Cen	nent	9 Other	(specify	below)		V	Velded		Cu	
(2)	₽VC	4 ABS		7 Fibe	rglass			• • • • • • • • • • • • • • • • • • • •			V  , Diameter kness or guaş	hreaded	X		
Blank ca	ising diam	eter	0	in. to $\frac{13}{13}$		ft., Diar	neter.	ir	ı. to	ft.	, Diameter		in. to	ft.	
TVPE O	ieight abov	Ve land s	Surface.Y	ATION A		n., Wei	ght		lbs./ft. V	Vall thic	kness or gua	ge No.	SCH40		
I	Steel	3 Stain	less Stee	el 5	Fiberglas:	s (	7 <b>P</b> VC	9 A	BS		1.1 Other (S	Specify)			
2	Brass	4 Galv	vanized	Steal 6 (	Concrete	tile	8 RM (SR	) 10 A	Asbestos-	Cement	1 1 Other (S	ed (onen	hole)		
SCREE	N OR PER	FORAT.	JON OP	ENINGS	S ARE:										
I	Continuo	us slo <b>(</b>	3 Mill s	lot	5 Guaze	d wrapp	ped 7 T	orch cut	9 Drille	d holes	I I None	(open ho	ole)		
2	Louvered	shutter	4 Key	punched	6 Wire w	vrapped	1 85	Saw Cut	10 Other	r (specif	ý)				
SCREE	N-PERFO	KAIED	INIEK	VALS: F	rom 100		ft. to .:		ft.,	From		ft. to		ft.	
	GRAVEI	PACK	INTER	г VALS: F	rom 180		ft to	138	11. ft	, From From		ft to		ft. . ft.	
	OTC. T. D.	, , , , , ,	11111111	F	rom		ft. to		ft.	, From		ft. to		ft.	
1	UT MATI	ERIAL:	I Ne n 138	at ceme	nt 2 Cem 0.5	ent gro	out <b>(3</b> Ben	tonite (	4.0 ther .	Centent	ft., From				
Grout In	itervais: the nearesi			ft. t	mination:	II.,	, From .Y.:	1	tt. to	1	it., From		ft. to	ft.	
	Septic tanl		-		lines 7 Pit	t privv	1	0 Livesto	ck nens	13 In	secticide Stora	аое	16 Other (	specify	
	Sewer line			Cess poo		ewage l		I Fuel sto			bandoned wat	_	below)		
3	Watertigh	t sewer					l	2 Fertiliz	zer Storas	ge 15 Oi	l well/gas we				
	n from we	11? 999					ŀ	low many		<del>,,</del>			, ,		
FROM	TO	4 1 1		LITHOL	OGIC LO	G		FROM	TO	10/20 0	PLUGGII	NG INTI	ERVALS		
1	3"	Asphal				•		180	138	10/20 S					
12	12 25				lerate plastic /n, mediu			0.5	0.5		tonite chips				
25	38				~			0.5	0	Concre	te				
38	50				orted, poorly										
50	100				h plasticity, n					MW-5F	₹				
				,,	, , ,					1		<del></del>			
7 CONT	RACTOR	'S OR I	LANDO'	WNER'S	CERTIF	ICATIÇ	ON: This	water wel	l was (1)	constru	cted, (2) reco	nstructe	d, or (3) p	lugged	
under m	y jurisdicti	ion and	was com	pleted on	ı (mo/day/ . 665	year) 🖸	hic Wata-	and	this recoi	rd is true	to the best of	my knov	viedge and	belief.	
	water wei e business						ms water		ord was d (signatu		on morday		يرج		
INSTRUC	CTIONS: Us	e typewrit	ter or ball	point pen.	PLEASE PI	RESS FIR	RMLY and P	RINT clearl	y. Please fi	ill in blank	underline or ci	rcle the co	orrect answer	s. Send top	
three copie	es to Kansas	Departmen	nt of Healt	h and Envii	ronment, Bui	reau of W	ater, Geolog	y Section, I	000 SW Ja	ackson St.,	Suite 420, Topeki 5.00 for each of	a, Kansas (	66612- 1 367.	Telephone	
	v.kdhe.state.k				- V 111C)	and I	Claim One	.o. your I	conus, I		.oo ioi cacii (		well. V	ion us at	