

Lease: Dowdy #1

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Seward	* C-NW 1/4 NE 1/4	31	T 34 S	R 34 EW

Distance and direction from nearest town or city street address of well if located within city? **From Liberal go West on 2nd Street Road to the Gas Plant go 3/4mi North 3/8mi West to location.**

2 WATER WELL OWNER: **Owen Dowdy Par Petroleum**
 RR#, St. Address, Box #: **19 Polo Drive**
 City, State, ZIP Code: **Colorado Springs, Colorado**
 Board of Agriculture, Division of Water Resources
 Application Number: **T 84-361**

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

N			
	NW	X	NE
W			E
	SW		SE
		S	

4 DEPTH OF COMPLETED WELL: **320** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **189** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **131** ft. below land surface measured on mo/day/yr **7/10/84**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **9** in. to **320** ft., and _____ in. to _____ ft.
 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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: <u>Glued</u> _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **223** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **28** in., weight **2.85** lbs./ft. Wall thickness or gauge No. **265**
 TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	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	<u>8 Saw cut</u>	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **220** ft. to **320** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **140** ft. to **320** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **10** ft., From _____ 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	<u>15 Oil well/Gas well</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **Northeast of water well.** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	18	clay			
18	39	sandy clay			
39	48	fine sand			
48	65	sandy clay			
65	104	sandy clay with sandstone			
104	126	medium to large sand			
126	169	clay			
169	197	sandy clay			
197	258	fine sand with clay streaks			
258	300	sandy clay			
300	308	clay			
308	320	sandy clay 50/50			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **July 10, 1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **118**. This Water Well Record was completed on (mo/day/yr) **July 30, 1984** under the business name of **Carlile Water Well Service, Inc.** by (signature) _____

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

EW

SEC.

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