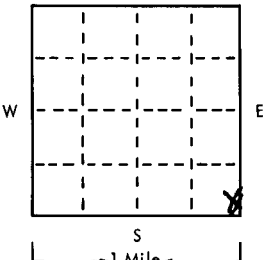


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Stevens	Township name	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 4	Town number 34	Range number 38																																																						
Distance and direction from nearest town or city: 5 1/2 mi S of Hugoton, Kan			3 Owner of well: Greg Morris																																																									
Street address of well location if in city:			Address: Hugoton, Kansas																																																									
Locate with "X" in section below: 			Sketch map:		4 Well depth: 558 ft. Date of completion: 4/13/85 Well diameter: 36 in.																																																							
<table border="1"><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr><tr><td>Top soil</td><td>0</td><td>180</td></tr><tr><td>Fine sand & clay</td><td>180</td><td>220</td></tr><tr><td>Clay</td><td>220</td><td>285</td></tr><tr><td>Fine sand & clay</td><td>285</td><td>410</td></tr><tr><td>Coarse sand & gravel</td><td>410</td><td>460</td></tr><tr><td>Med sand & clay streak</td><td>460</td><td>500</td></tr><tr><td>Coarse sand & gravel</td><td>500</td><td>557</td></tr><tr><td>Red clay</td><td>557</td><td>580</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>			2	Type and color of material	From	To	Top soil	0	180	Fine sand & clay	180	220	Clay	220	285	Fine sand & clay	285	410	Coarse sand & gravel	410	460	Med sand & clay streak	460	500	Coarse sand & gravel	500	557	Red clay	557	580																													5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
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6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 558 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																										
8 Screen: Manufacturer L.B. Foster Type Steel Dia. 16 Slot/gauze 1/8 Length 318 Set between 220 ft. and 538 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 x 1/4		9 Static water level: 161 ft. below land surface Date 4/13/85																																																										
10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																																																										
12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> Inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.																																																										
14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: Pump Set by Third Party <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																																										
(use a second sheet if needed)																																																												
16 Remarks: elevation 8A Johnson LAR Steel 16" .1000 Slope 938-558 14. Crop Land		17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. KTM DRILLING INC. Business name Address Guyman, Okla License No. 225 Signed [Signature] Date 4/13/85 Authorized representative																																																										