

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Township Number		Range Number
County: Stevens	E <sup>1</sup> / <sub>2</sub> ¼    E <sup>1</sup> / <sub>2</sub> ¼    SE    ¼	Section Number 1	T    34    S	R    39    EW	
Distance and direction from nearest town or city street address of well if located within city? <b>2 3/4 miles SW of Feterita, KS--</b>					
<b>2 WATER WELL OWNER:</b>		<b>Mobil Oil Corp.</b>			
RR#, St. Address, Box # :		P.O. Box 5444			
City, State, ZIP Code :		Denver, CO 80217			
		Board of Agriculture, Division of Water Resources Application Number: 910144			
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL . . . . . 420 . . . . . ft. ELEVATION:</b>				
	Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.				
	WELL'S STATIC WATER LEVEL . . . . . 180 . . . . . ft. below land surface measured on mo/day/yr . . . . . 05-31-91				
	Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm				
	Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm				
	Bore Hole Diameter . . . . . in. to . . . . . ft., and . . . . . in. to . . . . . ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic WAS 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No X . . . . . If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes X No					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter . . . . . 6 . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.				7 Fiberglass	
Casing height above land surface . 4 ft. below . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .				8 Concrete tile	
TYPE OF SCREEN OR PERFORATION MATERIAL:				9 Other (specify below)	
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) N/A	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		12 None used (open hole)	
1 Continuous slot		6 Wire wrapped		8 Saw cut	
2 Louvered shutter		7 Torch cut		9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.				10 Other (specify) N/A	
GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.				11 None (open hole)	
		From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.			
		From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.			
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .					
Grout Intervals: From . . . . . 7 . . . . . ft. to . . . . . 4 . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? Northeast				How many feet? 200	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			420	140	Chlorinated Gravel
			140	130	Bentonite Grout
			130	27	Chlorinated Gravel
			27	7	Bentonite Grout
			7	4	Cement Grout
			4	0	Backfill
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . . 05-31-91 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWWCL-430 This Water Well Record was completed on (mo/day/yr) . . . . . 05-31-91 under the business name of Howard Drlg. Co. Box 806 Beaver, OK 73932 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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					