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

WATER WELL RECORD
KSA 82a-1201-1215

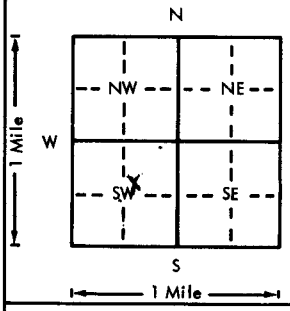
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Morton	SW 1/4 NE 1/4 SW 1/4	34	T 34 S	R 41 E/W

2. Distance and direction from nearest town or city: 2½ South 1½ EAST OF Wilburton, KAN
Street address of well location if in city:

3. Owner of well: Wesley Bressler
R.R. or street: Route 1 Box 64
City, state, zip code: ELKHART, KAN.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 16 in. Completion date
Well depth 285 ft. 6/12/96

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
X Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Steel
Threaded ___ Welded X
RMP ___ PVC ___
Dia. 16 in. to 285 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above ~~or below~~
Surface 12 in.
Weight 42.5 lbs./ft.
Wall Thickness: inches or gage No. .250

5. Type and color of material	From	To
Overburden	0	2
Top Soil	2	200
Fine & Med. Sd. w/Clay Strks.	200	240
Coarse Sd. & Gravel	240	260
Fine Sd., Sd. Stone & Clay	260	285

(Use a second sheet if needed)

10. Screen: Manufacturer's name L.B. Foster
Type Steel Dia. 16
Slot/gauze X Length 3
Set between 175 ft. and 240 ft.
260 ft. and 285 ft.
Gravel pack? Yes Size range of material X - 4

11. Static water level: mo./day/yr.
176 ft. below land surface Date 6/18/96

12. Pumping level below land surfaces: NA
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion: NA
___ Pitless adapter ___ Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks: 10A Johnson Irr.
.1000 slot
Steel 16"
240-260'

16A Crop Land

20. 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. 225
Business name License No.
Address Box 1285, Guymon, Okla.
Signed Authorized representative Date 7/2

34 T — 41 R W — 34 Sec — SW 1/4 — 1/4 — 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5