

Corrected

1 LOCATION OF WATER WELL: County: <u>Morton</u>		Fraction <u>SE ¼ SE ¼ SE ¼</u>	Section Number <u>29</u>	Township Number <u>T 34 S</u>	Range Number <u>R 43 E/W</u>						
Distance and direction from nearest town or city street address of well if located within city?			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____								
2 WATER WELL OWNER: <u>Anadarko Petroleum</u> RR#, St. Address, Box # : <u>1201 Lake Robbins Drive</u> City, State, ZIP Code : <u>The Woodlands, TX 77380</u>											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align:center; margin-top:-10px;"><small>N</small></div> <table border="1" style="margin:auto; width:100px; height:100px; text-align:center; font-size: small;"><tr><td>-- NW --</td><td> </td><td>-- NE --</td></tr><tr><td>-- SW --</td><td>X </td><td>-- SE --</td></tr></table> <div style="text-align:center; margin-top:10px;"><small>S</small></div>		-- NW --		-- NE --	-- SW --	X	-- SE --	4 DEPTH OF COMPLETED WELL ft. <u>04' 9"</u> Depth(s) Groundwater Encountered (1).....ft. (2).....ft. (3).....ft. WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr..... Pump test data: Well water wasft. after hours pumping..... gpm Est. Yield.....gpm: Well water wasft. after hours pumping..... gpm WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 9 Dewatering 12 Other (Specify below)			
-- NW --		-- NE --									
-- SW --	X	-- SE --									
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes No											
5 TYPE OF CASING USED:											
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued..... Clamped..... Welded..... Threaded.....									
2 PVC 4 ABS 7 Fiberglass											
Blank casing diameter in. to ft., Diameter..... in. to ft., Diameter..... in. toft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)		2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)		2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .020									
SCREEN-PERFORATED INTERVALS: From... ft. to ... ft., From... ft. to ... ft., From... ft. to ... ft.											
GRAVEL PACK INTERVALS: 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 ... ft. to ... 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 13 Insecticide Storage 16 Other (specify below)		2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 15 Oil well/gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage											
Direction from well?			How many feet?								
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS						
0	15	Brown sand									
15	20	Tan sand									
20	25	Brown clay / Sand									
		Tan shale / clay									
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) <u>5/23/08</u> , and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>161</u> . This Water Well Record was completed on (mo/day/year) <u>6/21/08</u> under the business name of <u>Accurate Drilling Services</u> by (signature) <u>[Signature]</u>											
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geology/waterwells.											