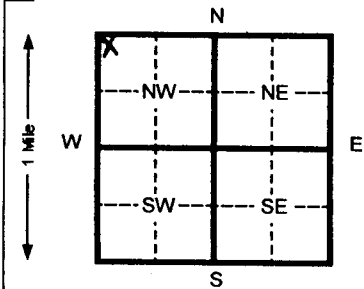


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **NW ¼ NW ¼ NW ¼** Section Number: **5** Township Number: **T 35 S** Range Number: **R 33 E**

Distance and direction from nearest town or city street address of well if located within city?
2 1/2 mi South of 2nd Street along W. Property Line of 1222 W. 2nd.

2 WATER WELL OWNER: **Wes-Kan Oil, Company**
 RR#, St. Address, Box #: **130 West Pancake**
 City, State, ZIP Code: **Liberal, KS 67901** MW-11
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL: **165** ft. ELEVATION: **2847.15**
 Depth(s) Groundwater Encountered: 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **NA** ft. below land surface measured on mo/day/yr
 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: **8** in. to **165** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 10 Monitoring well
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 Blank casing diameter: **4** in. to **135** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **135** ft. to **165** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **133** ft. to **165** 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 **129** ft. From **129** ft. to **133** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
Contaminated Site
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Sandy clay	112	134	Sandy Clay, Fine Sand Some Caliche
2	5		Silty Clay	134	142	Sandy Clay
5	12		Sand	142	152	Sandy Clay & Caliche
12	18		Sand w/ White Caliche	152	165	Caliche w/ Sand
18	35		Sand, lens of white caliche & Lt. brown sandy clay			
35	40		Sandy Clay, fine sand, caliche			
40	72		Sandy clay, fine to Med Sand			
			White Sandy Caliche Stringers			
72	86		Sand			
86	105		Sandy Clay Fine to Med Sand			
			White Caliche Stringers			
105	107		Caliche, Some fine to Med Sand			
107	112		Clay, Sndy w/ Fine Snd, Caliche			

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/yr) **11-9-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **12-1-04** under the business name of **Woofter Pump and Well In.c** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.