

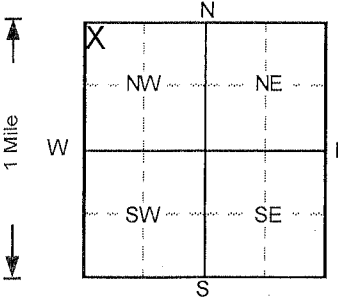
1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NW ¼ NW ¼ NW ¼</b>	Section Number <b>5</b>	Township Number <b>T 35 S</b>	Range Number <b>R 33 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**SE corner 2nd St & Western Ave, Liberal**

2 WATER WELL OWNER: Davidson Oil/Madden Oil  
 RR#, St. Address, Box # : PO Box 148  
 City, State, ZIP Code : Liberal, KS 67905  
 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 . . . . . **180** . . . . . ft. ELEVATION: . . . . .

Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . ft. below land surface measured on mo/day/yr . . . . .

Pump test data: Well water was . . . . . **NA** . . . . . ft. after . . . . . hours pumping . . . . . gpm

Est. Yield . . . . . **NA** . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter . . . . . **8** . . . . . in. to . . . . . **185** . . . . . ft. and . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 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  ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . . . Clamped . . . . .
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
		7 Fiberglass		Threaded. <input checked="" type="checkbox"/>

Blank casing diameter . . . . . **4** . . . . . in. to . . . . . **150** . . . . . ft, Dia . . . . . in. to . . . . . ft, Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . . **0** . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . . **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) . . . . .
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<b>3 Mill slot</b>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) . . . . .	

SCREEN-PERFORATED INTERVALS: From . . . . . **150** . . . . . ft. to . . . . . **180** . . . . . ft, From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . **147** . . . . . ft. to . . . . . **185** . . . . . ft, From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other . . . . .

Grout Intervals: From . . . . . **0** . . . . . ft to . . . . . **147** . . . . . 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	<b>16 Other (specify below)</b>
			13 Insecticide storage	<b>Abnd. fuel storage</b>

Direction from well? **at site** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	13	Clay, sandy, Tan to Brown			
13	44	Sand, f-m, Tan to Brown			
44	47	Caliche, White			
47	60	Sand intbd w/sandy clay, Tan to Brown			
60	71	Sand, f-m, Tan to Brown			
71	77	Clay, sandy, Tan to Brown			
77	100	Sand intbd w/sandy clay sandy gravel,			
100	110	Sand intbd w/sandy clay, Tan to Brown			
110	120	Clay, sandy, Tan to Brown			
120	140	Sand intbd w/sandy clay, Tan to Brown			
140	162	Caliche w/sand stringers, White			
162	167	Sand w/caliche stringers,			
167	185	Sand intbd w/sandy clay sandy gravel,			MW2R

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) . . . . . **8/17/2012** . . . . . and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. . . . . **527** . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . **8/31/2012** . . . . . under the business name of **GeoCore, Inc.** by (signature) *Dale Kell*

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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SEC.  
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