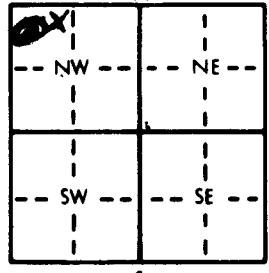


MW-21

1] LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NW 1/4 Section Number 15 Township Number T 3 S Range Number R 19 E
 County: Phillips

Distance and direction from nearest town or city street address of well if located within city?
Approx 150 FT SW of former UST basin.

2] WATER WELL OWNER: Mr. Norman Kellerman
 RR#, St. Address, Box #: Stuttgart Oil Co.
 City, State, ZIP Code: PO Box 9, Stuttgart, KS
 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: 30 ft. ELEVATION: 1995.49 FT
 Depth(s) Groundwater Encountered 1. 24.34 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 24.34 ft. below land surface measured on mo/day/yr 11-20-96
 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 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 _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 Blank casing diameter 2 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 10
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 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 20 ft. to 30 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 18 ft. to 30 ft., 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 Bentonite Seal 16-18 ft.
 Grout intervals: From 1 ft. to 16 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 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	Bn. dry firm clay silt			
8	10	Bn. very firm dry silty clay			
10	15	Bn. dry firm clay silt			
14.5	15	Bn. dry fine to coarse gr. silty sand			
15	30	Bn. moist, firm to soft, sandy silt			

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) 11-18-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575 This Water Well Record was completed on (mo/day/yr) 11-27-96 under the business name of AEC by (signature) [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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.