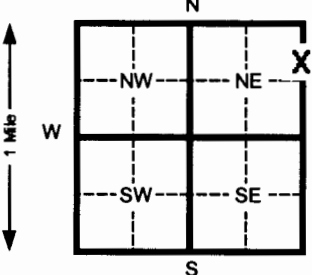


1 LOCATION OF WATER WELL: County: Osborne	Fraction SE ¼ NE ¼ NE ¼	Section Number 19	Township Number T 7 S	Range Number R 12 EAW
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Distance and direction from nearest town or city street address of well if located within city?
235 S. 1st Street, Osborne, Kansas

2 WATER WELL OWNER: **R & C Petroleum**
 RR#, St. Address, Box # : **523 E. 4th Street**
 City, State, ZIP Code : **North Platte, Nebraska 69103**
 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 31.0 ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 25.0 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 25.67 ft. below land surface measured on mo/day/yr 05/26/04 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 31.0 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 X
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass Blank casing diameter 2.375 in. to 16.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X	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 11 Other (specify) _____ 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 31.0 ft. to 16.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 31.0 ft. to 13.5 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 _____
 Grout intervals From **0.0** ft. to **1.5** ft. From **1.5** ft. to **13.5** 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? Southwest How many feet? 105		
FROM	TO	CODE
0.0	4.0	Dark brown-dark gray silty clay, firm, very moist
4.0	11.0	Gray-brown very silty clay, limestone fragments, mottled dark gray, friable, very moist
11.0	17.0	Brown silty clay, limestone fragments, friable-firm, very moist-moist
17.0	25.0	Light brown-brown silty clay, some limestone fragments, trace black mottling, firm, moist
25.0	26.5	Dark brown silty clay, slightly sandy-sandy, slightly gravelly, trace rust mottling, wet, faint odor
26.5	29.0	Very light brown-cream silty fine-medium grained sand, slightly clayey, wet
29.0	30.0	Gray-dark gray silty fine-medium grained sand, well sorted, wet, strong odor
30.0	30.5	Brown rust silty slightly sandy clay, firm
30.5	31.0	Slightly weathered black shale, hard, dry
Flush-mount well completion approved by Don Taylor, KDHE, BOW.		

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) **05/21/04** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **05/20/04**
 under the business name of **Quad State Services, Inc.** 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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