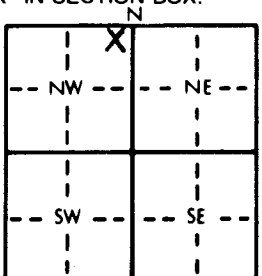


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 28 Township Number T 9 S Range Number R 30 EW  
 County: Sheridan

Distance and direction from nearest town or city street address of well if located within city?  
4 miles North, 1/2 Miles East of Angeles

2 WATER WELL OWNER: John Mollering Shields Oil  
 RR#, St. Address, Box #: Rt. 1 Box 40 Shields Bldg. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Grinnell, Ks. 67738 Russell, Ks. 67665 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 210 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 124 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 210 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. X.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes ..... No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass Threaded .....  
 Blank casing diameter 4.5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From 124 ft. to 210 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 124 ft. to 210 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 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: NONE  
 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 16 Other (specify below)  
 13 Insecticide storage NONE

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil	196	199	Caliche
3	25	Sandy Clay	199	203	Med. Sand & Gravel
25	38	Fine Sand to Coarse	203	210	Ochre & Shale
38	49	Clay w/sand strks.			
49	65	Med. Sand			
65	93	Sandy clay w/large embedded sand			
93	95	Sand Strks.			
95	96	Caliche			
96	104	Sandy Clay			
104	110	Med. Sand & Gravel			
110	112	Caliche			
112	163	Sand Clay w/thin sand strks.			
163	177	Sand w/caliche strks.			
177	188	Clay			
188	196	Med. Sand & Gravel			

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) 10-14-92 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) 10-14-92 under the business name of WOOFER PUMP & WELL, INC. by (signature) Gay C. Woofter

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or 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.

OFFICE USE ONLY  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4