



For KCC Use:
 Effective Date: _____
 District # _____
 SGA? Yes No

KANSAS CORPORATION COMMISSION 1152717
 OIL & GAS CONSERVATION DIVISION

Form C-1
 March 2010

Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: _____
month day year

Spot Description: _____

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
(Q/Q/Q/Q) _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section

Is SECTION: Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)

CONTRACTOR: License# _____
 Name: _____

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Is this a Prorated / Spaced Field? Yes No

Target Formation(s): _____

Nearest Lease or unit boundary line (in footage): _____

Ground Surface Elevation: _____ feet MSL

Water well within one-quarter mile: Yes No

Public water supply well within one mile: Yes No

Depth to bottom of fresh water: _____

Depth to bottom of usable water: _____

Surface Pipe by Alternate: I II

Length of Surface Pipe Planned to be set: _____

Length of Conductor Pipe (if any): _____

Projected Total Depth: _____

Formation at Total Depth: _____

Water Source for Drilling Operations:

Well Farm Pond Other: _____

DWR Permit #: _____

(Note: Apply for Permit with DWR)

Will Cores be taken? Yes No

If Yes, proposed zone: _____

Well Drilled For: Well Class: Type Equipment:

Oil Enh Rec Infield Mud Rotary
 Gas Storage Pool Ext. Air Rotary
 Disposal Wildcat Cable

Seismic ; _____ # of Holes Other

Other: _____

If OWWO: old well information as follows:

Operator: _____

Well Name: _____

Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No

If Yes, true vertical depth: _____

Bottom Hole Location: _____

KCC DKT #: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

Submitted Electronically

For KCC Use ONLY

API # 15 - _____

Conductor pipe required _____ feet

Minimum surface pipe required _____ feet per ALT. I II

Approved by: _____

This authorization expires: _____
(This authorization void if drilling not started within 12 months of approval date.)

Spud date: _____ Agent: _____

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _____
 Signature of Operator or Agent: _____

E
 W

For KCC Use ONLY

API # 15 - _____

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: _____

Lease: _____

Well Number: _____

Field: _____

Number of Acres attributable to well: _____

QTR/QTR/QTR/QTR of acreage: _____ - _____ - _____ - _____

Location of Well: County: _____

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Sec. _____ Twp. _____ S. R. _____ E W

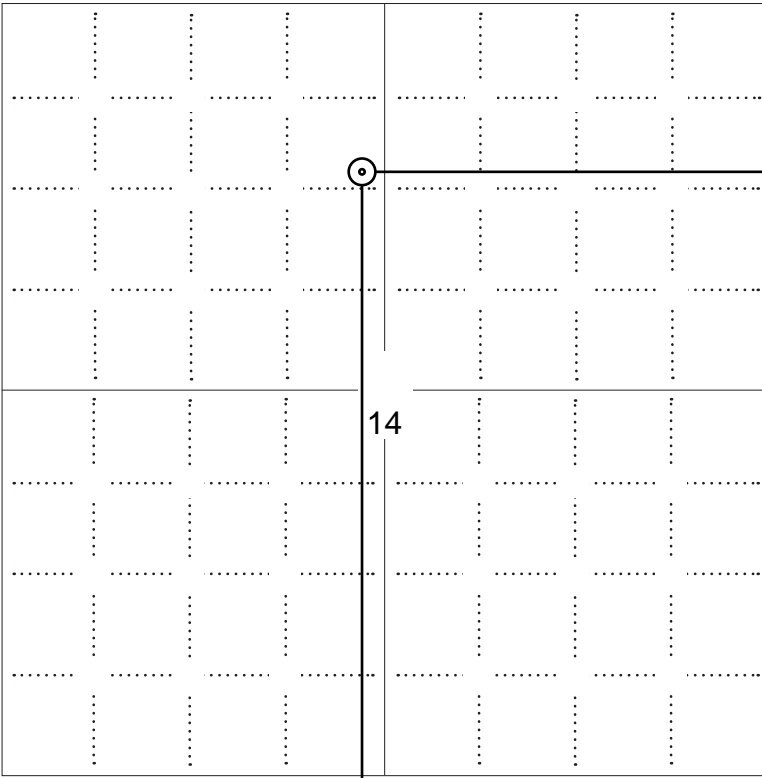
Is Section: Regular or Irregular

If Section is Irregular, locate well from nearest corner boundary.

Section corner used: NE NW SE SW

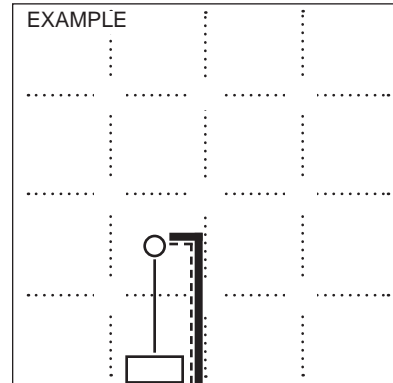
PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



LEGEND

- Well Location
- Tank Battery Location
- Pipeline Location
- Electric Line Location
- Lease Road Location



NOTE: In all cases locate the spot of the proposed drilling locaton.

4125 ft.

In plotting the proposed location of the well, you must show:

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number:	
Lease Name & Well No.:		Pit Location (QQQQ): ____ - ____ - ____ - ____	
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i>		Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i>	
Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No		Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the pit lined if a plastic liner is not used?			
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
Distance to nearest water well within one-mile of pit: _____ feet Depth of water well _____ feet		Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: _____ Abandonment procedure: _____ _____ Drill pits must be closed within 365 days of spud date.	
Submitted Electronically			

KCC OFFICE USE ONLY

Liner Steel Pit RFAC RFAS

Date Received: _____ Permit Number: _____ Permit Date: _____ Lease Inspection: Yes No



Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location: _____
_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

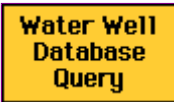
Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically





Scan of WWC5 Form

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

95 15909 38 74853 416

1. Location of well: County: Douglas		Eraction: NE 1/4 SE 1/4 NW 1/4		Section number: 14		Township number: 15		Range number: 20		OW	
2. Distance and direction from nearest town or city: Street address of well location if in city: 15 1/2 W BALDWIN KAN				3. Owner of well: Charles Hines R.R. or street: R City, state, zip code: BALDWIN KANSAS							
4. Locate with "X" in section below: N NW NE SW SE S 1 Mile Sketch map: 				6. Bore hole dia. 6 1/2 in. Completion date 3-8-78 Well depth 100 ft. 9' to 20'							
5. Type and color of material				From		To		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
soil				0		5		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
lime				5		7		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 20 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight sch 40 lbs./ft. Dia. 6 1/2 in. to 100 ft. depth/Wall Thickness: inches or Dia. _____ in. to _____ ft. depth/pipe No. sch 40			
gray shald.				7		45		10. Screens: Manufacturer's name crown line Type pvc Dia. 6 1/2 Slot/gauze 3/8 Length 20 Set between 60 ft. and 80 ft. ft. and _____ ft. Gravel pack? no Size range of material _____			
white sand				45		60		11. Static water level: <input checked="" type="checkbox"/> _____ mo./day/yr. 20 ft. below land surface Date _____			
gray shald.				60		100		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
								13. Water sample submitted: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ mo./day/yr.			
								14. Well head completion: <input type="checkbox"/> Pitless adapter 20" inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 20 ft. to 20 ft.			
								16. Nearest source of possible contamination: ft. 100 Direction S Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. EDGAR SWANK DRILLING CO Business name License No. _____ Address BALDWIN KAN 66601 Signed Edgar Swank Date 8-26-78 Authorized representative							
19. Remarks:											

15 200 W 1/4 NE SE NW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

Kansas Geological Survey

Comments to webadmin@kgs.ku.edu

URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html

Display Programs Updated July 29, 2004

Data added continuously.



Scan of WWC5 Form

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: DOUGLAS		Fraction: NE 1/4 SE 1/4 NW 1/4	Section Number: 14	Township Number: T 15 S	Range Number: R 20 EW						
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 east, 1 1/2 south of Baldwin											
2 WATER WELL OWNER: Lloyd Bilhimer RR#, St. Address, Box #: P.O. Box 384 Breuer job Board of Agriculture, Division of Water Resources City, State, ZIP Code: Baldwin, KS 66006 Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 100' ft. ELEVATION:									
		Depth(s) Groundwater Encountered: 1. 30-54 ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL: 22' ft. below land surface measured on mo/day/yr 4-19-95									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield: 7 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
Bore Hole Diameter: 8 3/4 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 X _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No _____											
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: 5" in. to 0-30 ft. Dia. 5" in. to 60-100 ft. Dia. _____ in. to _____ ft.											
Casing height above land surface: 24" in., weight 2.82 lbs./ft. Wall thickness or gauge No. 258											
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 30 ft. to 60 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 24 ft. to 100 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 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage											
Direction from well? NE How many feet? 210'											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		1		Top Soil							
1		3		Clay-Brown							
3		47		Sandstone-Brown							
47		55		Sandstone-Grey							
55		100		Shale-Grey							
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) 4-19-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182 This Water Well Record was completed on (mo/day/yr) 3-5-95 under the business name of STRADER DRILLING CO., INC. by (signature) <i>[Signature]</i>											
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.											

Kansas Geological Survey

Comments to webadmin@kgs.ku.edu

URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html

Display Programs Updated July 29, 2004

Data added continuously.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

July 23, 2013

Phil Frick
Altavista Energy, Inc.
4595 K-33 Highway
PO BOX 128
WELLSVILLE, KS 66092

Re: Notice of Intent to Drill
API 15-045-22005-00-00
Neumer A-11
NW/4 Sec.14-15S-20E
Douglas County, Kansas

Dear Mr. Frick:

Records indicate that two domestic water wells are located less than 660 feet from this proposed location. Eastern Kansas Surface Casing Order #133,891-C for Area 3, paragraph 2 states, "No well shall be drilled closer than 660 feet of an existing domestic or municipal water well without written owner notification, a copy of which must be attached to the drilling intent form during filing. Special casing and cementing requirements may be imposed in those areas producing fresh and usable water."

Please provide us with a copy of the owner notification to further the processing of your notice of intent to drill. Copies of the water well records are attached.

I may be contacted at 316-337-6200 if you need additional information.

Rick Hestermann
Production Department



ALTAVISTA ENERGY, INC
OIL DEVELOPMENT, LEASING & OPERATING

P. O. Box 128
WELLSVILLE, KS 66092
(785) 883-4057

July 23, 2013

Ron and Brenda Neumer
1861 N 100th Rd
Baldwin City, KS 66092

RE: Well Drilling by Altavista Energy, Inc.

To Whom It May Concern:

Altavista Energy, Inc. is the current owner of the Neumer Oil Lease, located on your property southeast of Baldwin City, Kansas. In the course of filing the required drilling intent forms with the Kansas Corporation Commission (KCC), it was brought to our attention that there is a domestic water well on your property that will be within 660 feet of several of our proposed well locations. This does not inherently pose any concern from an environmental or contamination standpoint, but we are required in cases such as this to notify the water well owner of our drilling activity. This letter serves as your notification.

If you have any questions or concerns, feel free to contact me and we can discuss. A copy of this letter has been filed with the KCC.

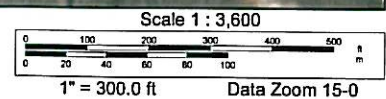
Regards,

Phil Frick
Land and Compliance
Altavista Energy, Inc.
785-883-4057
dephil@dpeweb.com

EXHIBIT A



Data use subject to license.
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www.delorme.com





Scan of WWC5 Form

EXHIBIT B

USE TYPEWRITER OR BALL POINT PEN--PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment--Division of Environment
(Water Well Contractors)
Topeka, Kansas 66620

95.15909; 38.74853 416

1. Location of well: County: Douglas Fraction: NE 1/4 SE 1/4 HW 1/2 Section number: 14 Township number: 15 Range number: 20	2. Distance and direction from nearest town or city: 1.5 mi W BALDWIN KAN Street address of well location if in city: 3. Owner of well: Charles Hines R.R. or street: City, state, zip code: BALDWIN KANSAS																		
4. Locate with "X" in section below: Sketch map: 5. Type and color of material: <table border="1"> <thead> <tr> <th>Material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>soil</td> <td>0</td> <td>5</td> </tr> <tr> <td>lime</td> <td>5</td> <td>7</td> </tr> <tr> <td>gray shale</td> <td>7</td> <td>45</td> </tr> <tr> <td>white sand</td> <td>45</td> <td>60</td> </tr> <tr> <td>gray shale</td> <td>60</td> <td>100</td> </tr> </tbody> </table>	Material	From	To	soil	0	5	lime	5	7	gray shale	7	45	white sand	45	60	gray shale	60	100	6. Bore hole dia. 100 in. Completion date 3-8-78 Well depth 97 to 20 ft. 7. <input checked="" type="checkbox"/> Cables tool <input type="checkbox"/> Battery <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary 8. Uses: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <input type="checkbox"/> Height Above or below Surface <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> 20 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 80 lb./ft. Dia. 6 1/2 in. to 100 ft. depth Wall thickness: inches or Dia. 6 1/2 in. to 100 ft. depth Pipe No. sch 40 10. Screens: Manufacturer's name CROWN LINE Type DVC Dia. 6 1/2 Slot/ gauze 3/8 Length 20 Set between 60 ft. and 80 ft. ft. and _____ ft. Gravel pack? NO Size range of material: _____ <input checked="" type="checkbox"/> Static water level: 4 no./day/yr. 20 ft. below land surface Date _____ 12. Pumping level below land surface: _____ ft. other _____ hrs. pumping _____ g.p.m. _____ ft. other _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. 13. Water sample submitted: _____ no./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____ 14. Well head completion: _____ fittings adapter 20 inches above grade 15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth from 20 ft. to 22 ft. 16. Nearest source of possible contamination: ft. 100 Direction S Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other 18. Elevations: Topography: _____ _____ Hill _____ Slope <input checked="" type="checkbox"/> Upland _____ Valley 19. Remarks: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. EDGAR SUWANK DELLINGER Business name _____ License No. _____ Address BALDWIN KAN Signed Edgar Suwank Date 3-8-78 Authorized representative
Material	From	To																	
soil	0	5																	
lime	5	7																	
gray shale	7	45																	
white sand	45	60																	
gray shale	60	100																	

15909 3874853 416

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

Kansas Geological Survey
Comments to webadmin@kgs.ku.edu
URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html
Display Programs Updated July 29, 2004
Data added continuously.



Scan of WWC5 Form

EXHIBIT B (CONTINUED)

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: DOUGLAS		NE 1/4 SE 1/4 NW 1/4	14	T 15 S	R 20 EW
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 east, 1 1/2 south of Baldwin					
2 WATER WELL OWNER: Lloyd Bilhimer RR#, St. Address, Box #: P.O. Box 384 Breuer job City, State, ZIP Code: Baldwin, KS 66006 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: 100' ELEVATION:			
		Depth(s) Groundwater Encountered 1. 30-54 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 22' ft. below land surface measured on mo/day/yr 4-19-95 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 7 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8 3/4 in. to _____ in. and _____ in. to _____ in.			
WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 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 X No _____					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter _____ in. to 0-30 in. Dia. 5" in. to 60-100 in. Dia. _____ in. to _____ in. Casing height above land surface 24" in. weight 2.82 lbs./ft. Wall thickness or gauge No. 258					
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 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 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					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 _____ ft. to _____ 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 16 Other (specify below)					
Direction from well? NE How many feet? 210'					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0	1	Top Soil			
1	3	Clay-Brown			
3	47	Sandstone-Brown			
47	55	Sandstone-Grey			
55	100	Shale-Grey			
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) 4-19-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182 This Water Well Record was completed on (mo/day/yr) 3-5-95 under the business name of STRADER DRILLING CO., INC. by (signature) <i>[Signature]</i>					
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: 813-296-6545. Send one to WATER WELL OWNER and retain one for your records.					

Kansas Geological Survey
 Comments to webadmin@kgs.ku.edu
 URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html
 Display Programs Updated July 29, 2004
 Data added continuously.