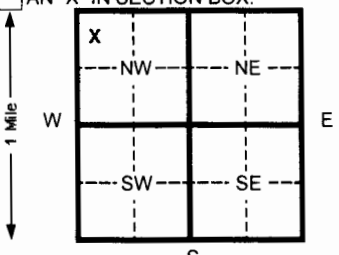


WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																												
County: Butler		NW ¼ NW ¼ NW ¼		35		T 25 S		R 5 E																																																																																												
Distance and direction from nearest town or city street address of well if located within city? 1800 N. Topeka - El Dorado																																																																																																				
2 WATER WELL OWNER: El Paso Merchant Energy-Petroleum Company																																																																																																				
RR#, St. Address, Box # : 2 N. Nevada Board of Agriculture, Division of Water Resources																																																																																																				
City, State, ZIP Code : Colorado Springs, CO 80903 Application Number:																																																																																																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 15 ft. ELEVATION: 1292.25 (TOC)																																																																																																		
		Depth(s) Groundwater Encountered 1 10.24 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 4.24 ft. below land surface measured on mo/day/yr 06/18/10 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 15 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																																																																		
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 _____ 7 Fiberglass _____ Threaded Flush																																																																																																				
Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40																																																																																																				
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																																				
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 5 ft. to 15 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 4 ft. to 15 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 2 ft. to 4 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) _____ 13 Insecticide storage _____																																																																																																				
Direction from well? _____ How many feet? _____																																																																																																				
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td></td><td>Topsoil, black to dark brown</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>CL/C</td><td>Fat Clay/Lean Clay, dark to medium brown</td><td></td><td></td><td></td></tr><tr><td>2</td><td>8</td><td>H</td><td></td><td></td><td></td><td></td></tr><tr><td>8</td><td>10</td><td>CH</td><td>Fat Clay, medium to light brown</td><td></td><td></td><td></td></tr><tr><td>10</td><td>12.5</td><td></td><td>No Recovery</td><td></td><td></td><td></td></tr><tr><td>12.5</td><td>13</td><td>CH</td><td>Fat Clay, medium to light brown</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Limestone, severely weathered, light yellow brown</td><td></td><td></td><td></td></tr><tr><td>13</td><td>15</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Topsoil, black to dark brown						CL/C	Fat Clay/Lean Clay, dark to medium brown				2	8	H					8	10	CH	Fat Clay, medium to light brown				10	12.5		No Recovery				12.5	13	CH	Fat Clay, medium to light brown							Limestone, severely weathered, light yellow brown				13	15																																	
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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) 06/18/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 07/29/10 under the business name of Geotechnical 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.																																																																																																				