

## WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

|                           |                       |                |                 |              |
|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction              | Section Number | Township Number | Range Number |
| County: <b>Butler</b>     | <b>NW ¼ SW ¼ SW ¼</b> | <b>26</b>      | <b>25</b>       | <b>5 E</b>   |

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: <b>El Paso Merchant Energy-Petroleum Co.</b> | Global Positioning System (decimal degrees, min. of 4 digits) |
| RR#, St. Address, Box #: <b>2 N. Nevada Ave.</b>                 | Latitude: <del>1744575.310</del> <b>37.8422914</b>            |
| City, State, ZIP Code: <b>Colorado Springs, CO 80903</b>         | Longitude: <del>1786229.860</del> <b>-96.8587801</b>          |
|  | Elevation: <b>1306.26</b>                                     |
|  | Datum: <b>WGS84</b>   |
|  | Data Collection Method: <b>Land Survey</b>                    |

|  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
|--|----------------------------------|----------------------|--|----|--|----|---|--|---|--|--|--|----|--|----|---|--|--|--|--|--|--|--|--|---|------------|-----------------------|--------------|--------------|--------------------------|----------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   | 4 DEPTH OF WELL <b>15.92</b> ft. |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| <p>N</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>S</p> |                                  |                      |  | NW |  | NE | W |  | E |  |  |  | SW |  | SE | X |  |  |  |  |  |  |  |  | <p>WELL'S STATIC WATER LEVEL <b>2.59</b> ft</p> <p>WELL WAS USED AS:</p> <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <b>Monitoring</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b></p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 <b>Monitoring</b> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other |
|  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| NW   |                                  | NE                   |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| W  |                                  | E                    |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
|  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| SW   |                                  | SE                   |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| X  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
|  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
|  |                                  |                      |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| 1 Domestic   | 5 Public Water Supply            | 9 Dewatering         |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| 2 Irrigation   | 6 Oil Field Water Supply         | 10 <b>Monitoring</b> |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| 3 Feedlot  | 7 Domestic (Lawn & Garden)       | 11 Injection Well    |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |
| 4 Industrial   | 8 Air Conditioning               | 12 Other             |  |    |  |    |   |  |   |  |  |  |    |  |    |   |  |  |  |  |  |  |  |  |   |            |                       |              |              |                          |                      |           |                            |                   |              |                    |          |

|   |
|---|
| 5 TYPE OF BLANK CASING USED:  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br>2 <b>PVC</b> 4 ABS      6 Asbestos-Cement      8 Concrete Tile |
| Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> No ___ If yes, how much <b>All</b>   |
| Casing height above or <b>below</b> land surface <b>NA</b> in.  |

|   |                   |                         |                                 |         |
|---|-------------------|-------------------------|---------------------------------|---------|
| 6 GROUT PLUG MATERIAL:  | 1 Neat cement     | 2 Cement grout          | 3 <b>Bentonite</b>              | 4 Other |
| Grout Plug Intervals: From <b>1</b> ft. to <b>15.92</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |                   |                         |                                 |         |
| What is the nearest source of possible contamination:   |                   |                         |                                 |         |
| 1 Septic tank   | 6 Seepage pit     | 11 Fuel Storage         | 16 <b>Other</b> (specify below) |         |
| 2 Sewer lines   | 7 Pit privy       | 12 Fertilizer storage   | <b>Refinery</b>                 |         |
| 3 Watertight sewer lines  | 8 Sewage lagoon   | 13 Insecticide storage  |                                 |         |
| 4 Lateral lines   | 9 Feedyard        | 14 Abandoned water well | Direction from well?            |         |
| 5 Cess pool   | 10 Livestock pens | 15 Oil well/Gas well    | How many feet?                  |         |

| FROM | TO    | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0    | 1     | Grout              |      |    |                    |
| 1    | 15.92 | Bentonite Chips    |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **06/17/10** 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/year) **08/04/10** under the business name of **Geotechnical Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.