

|  |           |   |  |                |    |  |  |              |  |
|--|-----------|---|--|----------------|----|--|--|--------------|--|
| 1 LOCATION OF WATER WELL:  |           | Fraction  |  | Section Number |    | Township Number  |  | Range Number |  |
| County: <b>Sedgwick</b>  |           | <b>NE ¼ NE ¼ SE ¼</b>   |  | <b>8</b>       |    | <b>T 26 S</b>  |  | <b>R 1 E</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>61<sup>st</sup> St. at Valley Center Floodway, west of Broadway - Park City</b>  |           |   |  |                |    |  |  |              |  |
| 2 WATER WELL OWNER: <b>El Paso Merchant Energy-Petroleum Company</b>   |           |   |  |                |    |  |  |              |  |
| RR#, St. Address, Box # : <b>2 N. Nevada Ave.</b> Board of Agriculture, Division of Water Resources  |           |   |  |                |    |  |  |              |  |
| City, State, ZIP Code : <b>Colorado Springs, CO 80903</b> Application Number:  |           |   |  |                |    |  |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |           | 4 DEPTH OF COMPLETED WELL <b>30</b> ft. ELEVATION:  |  |                |    |  |  |              |  |
|  |           | Depth(s) Groundwater Encountered 1 <b>20</b> ft. 2 _____ ft. 3 _____ ft.                    |  |                |    |  |  |              |  |
|  |           | WELL'S STATIC WATER LEVEL <b>17.46</b> ft. below TOC measured on mo/day/yr <b>12/07/10</b>  |  |                |    |  |  |              |  |
|  |           | 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 <b>8.25</b> in. to <b>30</b> 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 <b>Other</b> (Specify below) |  |                |    |  |  |              |  |
|  |           | 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <b>Air Sparge</b> |  |                |    |  |  |              |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted  |           |   |  |                |    |  |  |              |  |
| Water Well Disinfected? Yes _____ No <b>X</b>  |           |   |  |                |    |  |  |              |  |
| 5 TYPE OF BLANK CASING USED:   |           |   |  |                |    |  |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____   |           |   |  |                |    |  |  |              |  |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____  |           |   |  |                |    |  |  |              |  |
| 7 Fiberglass _____ Threaded <b>Flush</b>   |           |   |  |                |    |  |  |              |  |
| Blank casing diameter <b>2</b> in. to <b>27.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.  |           |   |  |                |    |  |  |              |  |
| Casing height above land surface <b>Flush</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>   |           |   |  |                |    |  |  |              |  |
| 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:  |           |   |  |                |    |  |  |              |  |
| 1 Continuous slot 3 <b>Mill slot</b> 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 <b>27.5</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.   |           |   |  |                |    |  |  |              |  |
| GRAVEL PACK INTERVALS: From <b>26*</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.  |           |   |  |                |    |  |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout</b> 3 <b>Bentonite</b> 4 Other _____   |           |   |  |                |    |  |  |              |  |
| Grout Intervals From <b>3</b> ft. to <b>12</b> ft. From <b>12</b> ft. to <b>17*</b> 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? _____  |           |   |  |                |    |  |  |              |  |
| FROM   | TO        | CODE  | LITHOLOGIC LOG   | FROM           | TO | NOTES  |  |              |  |
| <b>0</b>   | <b>20</b> | <b>CL</b>   | <b>Lean Clay, medium brown to dark brown</b>   |                |    |  |  |              |  |
| <b>20</b>  | <b>30</b> | <b>SW</b>   | <b>Sand, well graded, dark brown to red brown, fine to medium grained, some black staining below 25'</b> |                |    | <b>* Borehole caved in to 17' bgs after augers were pulled</b> |  |              |  |
|  |           |   |  |                |    |  |  |              |  |
|  |           |   |  |                |    |  |  |              |  |
|  |           |   |  |                |    | <b>GPS Coordinates:</b>  |  |              |  |
|  |           |   |  |                |    | <b>Northing: 1727666.04</b>                                    |  |              |  |
|  |           |   |  |                |    | <b>Easting: 1645887.41</b>                                     |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12/03/10</b> and this record is true to the best of my knowledge and belief. Kansas                                |           |   |  |                |    |  |  |              |  |
| Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12/15/10</b>   |           |   |  |                |    |  |  |              |  |
| under the business name of <b>Geotechnical Services Inc.</b> 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. |           |   |  |                |    |  |  |              |  |

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