

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 $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	5	T 26 S	R 3 E

Distance and direction from nearest town or city street address of well if located within city?
Approx. 100' S of Parallel St. and 1/2 mi. E of Butler Rd. - near Benton

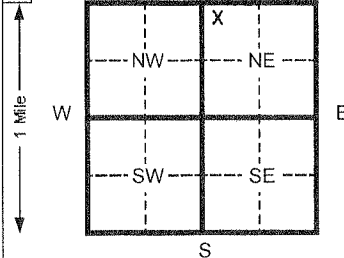
2 WATER WELL OWNER: **El Paso Merchant Energy-Petroleum Co.**RR#, St. Address, Box # : **2 N. Nevada Ave.**

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 **13.0** ft. ELEVATION: **1316.71 (TOC)**Depth(s) Groundwater Encountered 1 **9.5** ft. 2 **17.5** ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **9.26** ft. below TOC 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 **10.25** in. to **20.0** 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 **4** in. to **8.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**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 **8.0** ft. to **13.0** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **7.5** ft. to **20.0** 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 **1.0** ft. to **7.5** 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? _____ How many feet? _____

FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0.0 **6.0** **Lean Clay, dark brown to red brown****6.0** **7.0** **Limestone****7.0** **13.0** **Limestone/Shale, weathered, olive brown to blue gray shale, tan limestone****13.0** **20.0** **Shale, weathered, dark gray**

OFFICE USE ONLY

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SEC

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) **07/12/11** 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) **07/22/11** under the business name of **Geotechnical Services Inc.** by (signature) *[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.