

SVE-2-16  
1W. 1521

G + M - John

|   |                         |                      |         |        |          |        |       |        |
|---|-------------------------|----------------------|---------|--------|----------|--------|-------|--------|
| 1 | LOCATION OF WATER WELL: | Fraction             | Section | Number | Township | Number | Range | Number |
|   | County: Sedgwick        | NE 1/4 NW 1/4 NW 1/4 | 17      |        | 28 S     |        | 1E    |        |

Distance and direction from nearest town or city street address of well if located within city?

901 W. MACARTHUR, WICHITA, KS

|   |                                                                                                          |
|---|----------------------------------------------------------------------------------------------------------|
| 2 | WATER WELL OWNER: Oxy USA / Glenn Springs Holdings                                                       |
|   | RR #, St. Address, Box #: 2480 Fortune Dr. Ste. 300<br>City, State, ZIP Code : Lexington, Kentucky 40509 |
|   | Board of Agriculture, Division of Water Resources<br>Application Number:                                 |

|              |                                                                                                                                                                                                                                                                                                                                                     |                         |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|--|----|--|----|--|--|--|----|--|----|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|-------------------------|
| 3            | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                    | 4                       | DEPTH OF WELL ..... 20.0 ..... ft |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
|              | <div style="text-align: center;">N</div> <table border="1" style="width: 100px; margin: auto;"> <tr><td>X</td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center;">S</div> | X                       |                                   |  | NW |  | NE |  |  |  | SW |  | SE |  |  |  |  | WELL'S STATIC WATER LEVEL ..... 16.0 ..... ft.<br><br>WELL WAS USED AS:<br><table style="width: 100%;"> <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 Monitoring Well</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 <u>SPI SVE</u></td> </tr> </table> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other <u>SPI SVE</u> |
| X            |                                                                                                                                                                                                                                                                                                                                                     |                         |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| NW           |                                                                                                                                                                                                                                                                                                                                                     | NE                      |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
|              |                                                                                                                                                                                                                                                                                                                                                     |                         |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| SW           |                                                                                                                                                                                                                                                                                                                                                     | SE                      |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
|              |                                                                                                                                                                                                                                                                                                                                                     |                         |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| 1 Domestic   | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                               | 9 Dewatering            |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| 2 Irrigation | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                            | 10 Monitoring Well      |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| 3 Feedlot    | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                          | 11 Injection Well       |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
| 4 Industrial | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                  | 12 Other <u>SPI SVE</u> |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |
|              | Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>✓</u> .....<br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <u>✓</u> .....                                                                                                                                             |                         |                                   |  |    |  |    |  |  |  |    |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                         |

|   |                                                                                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | TYPE OF BLANK CASING USED:                                                                                                                                                   |
|   | 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br><u>2</u> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile                               |
|   | Blank casing diameter ..... 2.0 ..... in.    Was casing pulled? Yes <u>✓</u> ..... No .....    If yes, how much .....<br>Casing height above or below land surface ..... in. |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|-----------------|---------------------------------|---------------|-------------|-----------------------|----------------------------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6                        | GROUT PLUG MATERIAL:    1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite    4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | Grout Plug Intervals:    From ..... ft. to ..... ft.,    From ..... ft. to ..... ft.,    From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | What is the nearest source of possible contamination:<br><table style="width: 100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td><u>16</u> Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>Former NGL facility</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> | 1 Septic tank           | 6 Seepage pit                   | 11 Fuel storage | <u>16</u> Other (specify below) | 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <u>Former NGL facility</u> | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |  | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |
| 1 Septic tank            | 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11 Fuel storage         | <u>16</u> Other (specify below) |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 2 Sewer lines            | 7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12 Fertilizer storage   | <u>Former NGL facility</u>      |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 3 Watertight sewer lines | 8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13 Insecticide storage  |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 4 Lateral lines          | 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14 Abandoned water well |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 5 Cess Pool              | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15 Oil well/Gas well    |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | Direction from well? <u>N/A</u> .....    How many feet? <u>0</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                 |                 |                                 |               |             |                       |                            |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |

| FROM | TO   | PLUGGING MATERIALS           |
|------|------|------------------------------|
| 20.0 | 10.0 | Bentonite Grout              |
| 10.0 | 3.0  | Cement Grout 5 Per Bentonite |
| 3.0  | 0.0  | Soil                         |
|      |      |                              |
|      |      |                              |
|      |      |                              |
|      |      |                              |
|      |      |                              |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2-2-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>607</u> This Water Well Record was completed on (mo/day/year) <u>3-5-01</u> under the business name of <u>Davis Environmental Drilling, LLC</u><br>by (signature) <u>[Signature]</u> |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.