

MW 11

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

1 LOCATION OF WATER WELL: County: Washington Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 1 Township Number 3 Range Number 3

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

Hwy 15 + 36

2 WATER WELL OWNER: Leiszler Oil RR#, St. Address, Box #: 635 W. Crawford City, State ZIP Code: Clay Center, KS 67432-2337 Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.81441 Longitude: -97.04744 Elevation: 1314.05 Datum: Data Collection Method: Survey

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 3x3 grid with NW, NE, SW, SE sections and an 'X' in the SW section]

4 DEPTH OF WELL 28.85 ft. WELL'S STATIC WATER LEVEL 1291.60 ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other Was a chemical/bacteriological sample submitted to Department? Yes No X

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Blank casing diameter 2 in. Was casing pulled? Yes No X Casing height above or below land surface 4 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 0 ft. to 0 ft., From 0 ft. to 0 ft., From 0 ft. to 0 ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Direction from well? NE How many feet? 200

Table with columns: FROM, TO, PLUGGING MATERIALS. Row 1: 28.85, 0, Bentonite Chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 4/19/10 under the business name of Tank Management Services by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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, 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/geo/waterwells.