

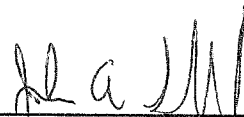
H & C OIL OPERATING, INC.
P.O. Box 86
Plainville, KS 67663
785-434-7434 Phone/785-688-4200 Fax

Water Well


I, **John A. Griffith**, hereby after this date, **October 15, 2011** or
after H & C Oil Operating, Inc. moves off (well name) **Griffith 2-1**
Sec. 2 T. 10S R. 23W. County **Graham** State **Kansas** takes all and
full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying H & C Oil Operating, Inc. with water to drill
above said lease.

Signed: _____


John A. Griffith, LAND OWNER

Signed: _____

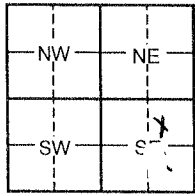
 Pres
H & C Oil Operating Representative

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

20110396

1 LOCATION OF WATER WELL: Graham		Fraction ¼ W2 ¼ NE ¼ SE ¼	Section Number 2	Township Number T 10 S	Range Number R 23 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .			Global Positioning System (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER John A. Griffith RR#, St. Address, Box # 1349 US HWY 283 City, State, ZIP Code Wakeeney, KS 67672					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:  N NW NE W SW SE S -----1 mile-----	4 DEPTH OF COMPLETED WELL 100 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface 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 WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 4.5 in. to 60 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 60 ft. to 100 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 100 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	89	110	Clay w/caliche strks
2	8	Loess	110	120	Black shale
8	15	Sandy clay w/caliche lenses			
15	27	Clay w/caliche strks			
27	45	Fine & med sand w/clay & caliche strks			
45	54	Clay & caliche w/sand strks			
54	70	Fine to some med sand w/clay & caliche Strks			
70	80	Clay & caliche w/sand strks			
80	89	Fine sand w/clay & caliche strks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>constructed</u> , reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 8/26/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 . This Water Well Record was completed on (mo/day/year) 9-9-11 under the business name of Woofter Pump & Well Inc. by (signature) <i>James C. Woofter</i>					
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .					