

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

20120270

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction ¼ NW ¼ SE ¼ NE ¼	Section Number 23	Township No. T 19 S	Range Number R 10 <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"/> 2 North, 2 West of Chase		<b>Global Positioning System (GPS) information:</b> 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		
<b>2 WATER WELL OWNER:</b> Bird Dog Oil RR#, Street Address, Box #: 1801 Broadway, Ste 450 City, State, ZIP Code : Denver, Co. 80202				

<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N</p> <div style="text-align: center;"> </div> <p style="text-align: center;">S -----1 mile-----</p>	<p><b>4 DEPTH OF COMPLETED WELL</b> .70 ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....14.....ft. below land surface measured on mo/day/yr. 4/19/12 ..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD. N/A ...gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 10.....in. to .70.....ft., and .....in. to .....ft. 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 &amp; 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</p>
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**5 TYPE OF CASING USED:**  Steel  PVC  Other .....  
**CASING JOINTS:**  Glued  Clamped  Welded  Threaded  
 Casing diameter .5..... in. to .70..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface.....18..... in., Weight SDR-26.....lbs./ft., Wall thickness or gauge No. ....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....  
**SCREEN-PERFORATED INTERVALS:** From .70..... ft. to .50..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From .70..... ft. to .20..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... ft. to ..... ft., From 20..... ft. to 0..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well  None  
 Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	37	Sandy clay			
37	63	Sand & gravel- med			
63	70	Gray clay			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 4/19/12..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 5/2/12.....  
 under the business name of ..Rosencrantz- Bemis..... by (signature) *[Signature]*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. 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 785-296-5524. Send one copy 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>.

Reply to: (785) 296-3565 FAX (785) 296-5509  
Bureau of Water - Geology Section  
1000 S. W. Jackson, Ste. 420  
Topeka, KS 66612-1367



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Leroy Stickney of [REDACTED]  
(Landowner's address)

[REDACTED] am the landowner on which a water well is located in  
(City) (State)  
the NW quarter of the SE quarter of the NE quarter in Section 23, Township 19,  
Range 10 HW, in Rice County, Kansas which is approximately  
3745 feet north ~~WEST~~ and 1030 feet ~~WEST~~ west of the apparent Southeast section  
corner. The water well was drilled in April 2012 (month/year).

I hereby request that Bird Dog Oil leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20120270, unplugged, and I will  
assume all responsibility for the plugging of said water well in accordance with the requirements  
of the Kansas Department of Health and Environment regulation K.A.R. 28-30-7.

LANDOWNER:

[Signature]  
(Signature) (Date)

Leroy Stickney  
(Print)

OPERATOR:

[Signature] 10-4-12  
(Signature) (Date)

By: Kelly Branham  
(Agent)

IF ADDITIONAL LANDOWNER

\_\_\_\_\_  
(Signature) (Date)

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(Print)