

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

SFWW3652 20080276

1 LOCATION OF WATER WELL: County: Stafford Fraction SE 1/4 SW 1/4 SE 1/4 Section Number 6 Township Number T 22 S Range Number R 11 XW Distance and direction from nearest town or city street address of well if located within city? 3 3/4 North, 4 3/4 East of Hudson Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: LaVeta Oil & Gas RR#, St. Address, Box #: P.O. Box 780 City, State, ZIP Code: Middleberg, Va 20118 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S 4 DEPTH OF COMPLETED WELL: 25 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....3..... ft. below land surface measured on mo/day/yr...7-2-08... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..N/A..gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 ..HTH No

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued...X.. Clamped..... Welded..... Threaded..... Blank casing diameter5..... in. to5..... ft., Diameter. in. to ft., Diameter in. toft. Casing height above land surface.....24..... in., Weight .SDR-26.....lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From.....25..... ft. to5..... ft., From ft. to ft. From..... ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From.....25..... ft. to5..... 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 hole plug Grout Intervals: From ft. to ft., From ft. to ft., From5..... ft. to0.....ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well ...None..... Direction from well? How many feet?

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-2 Top soil, 2-15 Sand XX & gravel, 15-25 Shale.

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/year) ..7-2-08..... 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)7-9-08..... under the business name of Rosencrantz- Bemis by (signature) You Also

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, 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. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.