

County: Pawnee Fraction NE NE NE SE Sec. 3 T 22 S R 16 E W

**CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)**

(to rectify lacking or incorrect information)

Owner: Alan Buster

Location was listed as:

Section-Township-Range: 1-20S-12W

Fraction (1/4 1/4 1/4): NE NE NE SE

Location changed to:

3-22S-16W

NE NE NE SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Location of Elsie Unit 1-3 oil well, written description, county ownership directory, and mapping tool on KGS website.

initials: DR date: 3/17/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 660473726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

# WATER WELL RECORD Form WWC-5

Division of Water  
Resources App. No.

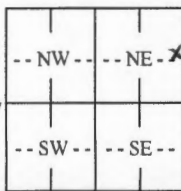
20150354

Well ID

☒ Original Record ☐ Correction ☐ Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Pawnee	Fraction ¼ NE ¼ NE ¼ SE ¼	Section Number 1	Township Number T 20 S	Range Number R 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: Buster Business: Address: 22677 W. 183rd St. Address: City: Olathe State: KS ZIP: 66062	First: Alan	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> 1S, 1E of Larned, Ks
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S ----- 1 mile -----	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 35 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 16 ..... ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 16 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 10/29/15. <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... 50 ..... gpm Bore Hole Diameter: ..... 8 ..... in. to ..... 35 ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
	<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....	

<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease ..Elsie Unit #1-3.. 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....		
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....

Water well disinfected? ☒ Yes ☐ No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... Casing diameter ..... 5 ..... in. to ..... 35 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... 12 ..... in. Weight ..... 2.8 ..... lbs./ft. Wall thickness or gauge No. Sch. 40 .....	<b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded
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TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....

☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☒ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ..... 15 ..... ft. to ..... 35 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 15 ..... ft. to ..... 35 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....

Grout Intervals: From ..... 0 ..... ft. to ..... 15 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:

☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage

☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well

☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☒ Oil Well/Gas Well

☐ Other (Specify) .....

Direction from well? East Distance from well? 125 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	top soil			
4	15	sandy clay			
15	20	sand and gravel			Sterling Drilling Company
20	25	clay			P O Box 1006
25	30	sand and gravel			Pratt, KS 67124
30	35	shale			

Notes: Grout Variance called in for and received from Mr. Mike Cochran, KDHE 10/21/15 @ 9:45 am

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 10/29/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo-day-year) 10/31/15 under the business name of Kelly's Water Well Service, Inc. Signature *Kelly's Water Well Service, Inc.*



## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, **Alan J Buster** of **22677 West 183rd Street**  
(Landowner's address)

**Olathe Kansas 66062** am the landowner on which a water well is located in  
(City) (State)  
the **NE** quarter of the **NE** quarter of the **SE** quarter in Section **3**, Township **22s**,  
Range **16** ~~E(W)~~, in **Pawnee** County, Kansas which is approximately  
**2350** feet ~~north~~/south, and **300** feet east~~west~~ of the apparent **SE** section  
corner. The water well was drilled in **October 2015** (month/year).

I hereby request that **Shelby Resource/Sterling Drilling** leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # **20150354**, 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:

*Alan J. Buster* 12/22/15  
(Signature) (Date)

**Alan J. Buster**  
(Print)

OPERATOR:

*D. M. Talbott* 11/17/15  
(Signature) (Date)

By: **Gary M Talbott**  
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

RECEIVED  
JAN 05 2016  
BUREAU OF WATER