

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

20100089

<b>1 LOCATION OF WATER WELL:</b> County: Reno	Fraction ¼ SE ¼ NE ¼ NW ¼	Section Number 12	Township No. T 24 S	Range Number R 10 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.  
 1 1/4 north 1 1/2 east of Sylvia

**2 WATER WELL OWNER:** New Gulf Operating  
 RR#, Street Address, Box #: 6100 S. Yale STE 2010  
 City, State, ZIP Code : Tulsa, OK 74136

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27  
 Collection Method:  
☐ GPS unit (Make/Model: .....)  
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**  
 N  

W	SW	X	NE	E

 S  
 |-----1 mile-----|

**4 DEPTH OF COMPLETED WELL** 80 ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL 28 ..... ft. below land surface measured on mo/day/yr. 3-7-10.....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 EST. YIELD. NA ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 10 ..... in. to 80 ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well  
☐ Domestic ☐ Feedlot ☒ Oil field water supply ☐ Dewatering ☐ Other (Specify below)  
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No  
 If yes, mo/day/yr sample was submitted .....  
 Water well disinfected? ☒ Yes ☐ No

**5 TYPE OF CASING USED:** ☐ Steel ☒ PVC ☐ Other .....  
**CASING JOINTS:** ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded  
 Casing diameter 5 ..... in. to 60 ..... 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 80 ..... ft. to 60 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 80 ..... 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	7	Top sand			
7	14	Sandy clay			
14	57	Sand & gravel-med. coarse			
57	60	Clay			
60	80	Sand & gravel			

**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) 3-7-10 ..... 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) 4-2-10 .....  
 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 785-296-5522. 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>.