

Hodgeman Co

NE SE SE

12 - 24 - 24 W

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



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Sid Shriwise of 22709 NW 217 Rd
(Landowner's address)

Jetmore Ks 67854 am the landowner on which a water well is located in
(City) (State) (Zip)
the NE quarter of the SE quarter of the SE quarter in Section 12, Township 24S,
Range 24 ☐ E ☒ W, in Hodgeman County, Kansas which is approxi-
mately 1500 feet north/south, and 150 feet east/west of the apparent SE
section corner. The water well was drilled in 4/10 (month/year).

I hereby request that Becker Oil Corp. leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20100160 00, 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: 620-357-4199

Sid Shriwise
(Signature) (Date)

SID SHRIWISE
(Print)

OPERATOR: 580-765-8788

Becker Oil Corp 11-17-10
(Signature) (Date)

By: Doug Brown
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

WWC-7

RECEIVED

FEB 10 2011

BUREAU OF WATER

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **20100160**

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Hodgeman		¼ NE ¼ SE ¼ SE ¼		12	T 24 S	R 24 <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:		
8 miles south of Jetmore				Latitude: _____ (in decimal degrees)		
1270 ft north from SE corner—75 ft west from SE corner				Longitude: _____ (in decimal degrees)		
2 WATER WELL OWNER: Flatland Farms				Elevation: _____		
RR#, St. Address, Box # : 19498 NW HWY 156				Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
City, State, ZIP Code : Jetmore, KS 67854				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		
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 131 ft.				
<p style="text-align: center;">N W E S</p> <p style="text-align: center;"> -----1 mile----- </p>		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.				
		WELL'S STATIC WATER LEVEL na 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				
		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 91 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 91 ft. to 131 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From 20 ft. to 131 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
From _____ ft. to _____ 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				
2	10	Loess				
10	25	Caliche				
25	60	Sandstone & caliche				
60	65	Fine sand				
65	96	Fine to some med sand with clay & caliche				
96	106	Fine sand with lots of clay				
106	128	Fine sand with clay				
128	131	Yellow ochre				
131	135	Black shale				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 4/07/10 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 554 or 783 This Water Well Record was completed on (mo/day/year) 4/13/10						
under the business name of Woofter Pump & Well Inc. by (signature) <i>Jay 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 .						