

## WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

|                           |                             |                |                 |              |
|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number |
| County: <b>Reno</b>       | <b>NE 1/4 SW 1/4 SE 1/4</b> | <b>17</b>      | <b>25S</b>      | <b>9 W</b>   |

Distance and direction from nearest town or city street address of well if located within city?  
**1 mile N of Langdon**

|                                                          |                                                               |
|----------------------------------------------------------|---------------------------------------------------------------|
| 2 WATER WELL OWNER: <b>Phillips Exploration Co., LLC</b> | Global Positioning System (decimal degrees, min. of 4 digits) |
| RR#, St. Address, Box #: <b>PO Box 850</b>               | Latitude: _____                                               |
| City, State, ZIP Code: <b>Andover, KS 67002</b>          | Longitude: _____                                              |
|                                                          | Elevation: _____                                              |
|                                                          | Datum: _____                                                  |
|                                                          | Data Collection Method: _____                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                      |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|----|---|--|----|----|--|--|---|--|--|--|---|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|----------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 DEPTH OF WELL <b>81.75</b> ft. |                      |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| <p style="text-align: center;">N</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;">W</td> <td style="width: 40px;">NW</td> <td style="width: 40px;">NE</td> <td style="width: 20px;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> | W                                | NW                   | NE | E |  | SW | SE |  |  | X |  |  |  | S |  |  | <p>WELL'S STATIC WATER LEVEL <b>14.25</b> ft</p> <p>WELL WAS USED AS:</p> <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <b>Monitoring</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b></p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 <b>Monitoring</b> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NW                               | NE                   | E  |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SW                               | SE                   |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                |                      |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S                                |                      |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 Public Water Supply            | 9 Dewatering         |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 Oil Field Water Supply         | 10 <b>Monitoring</b> |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7 Domestic (Lawn & Garden)       | 11 Injection Well    |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 Air Conditioning               | 12 Other _____       |    |   |  |    |    |  |  |   |  |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                      |           |                            |                   |              |                    |                |

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 TYPE OF BLANK CASING USED:                                                                                                                            |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br>2 <b>PVC</b> 4 ABS      6 Asbestos-Cement      8 Concrete Tile |
| Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> No ___ If yes, how much <b>3</b> ft.                                                 |
| Casing height above or <b>below</b> land surface <b>36</b> in.                                                                                          |

|                                                                                                                       |                   |                         |                          |               |
|-----------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|--------------------------|---------------|
| 6 GROUT PLUG MATERIAL:                                                                                                | 1 Neat cement     | 2 Cement grout          | 3 <b>Bentonite</b>       | 4 Other _____ |
| Grout Plug Intervals: From <b>1</b> ft. to <b>81.75</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |                   |                         |                          |               |
| What is the nearest source of possible contamination:                                                                 |                   |                         |                          |               |
| 1 Septic tank                                                                                                         | 6 Seepage pit     | 11 Fuel Storage         | 16 Other (specify below) |               |
| 2 Sewer lines                                                                                                         | 7 Pit privy       | 12 Fertilizer storage   |                          |               |
| 3 Watertight sewer lines                                                                                              | 8 Sewage lagoon   | 13 Insecticide storage  |                          |               |
| 4 Lateral lines                                                                                                       | 9 Feedyard        | 14 Abandoned water well | Direction from well?     |               |
| 5 Cess pool                                                                                                           | 10 Livestock pens | 15 Oil well/Gas well    | How many feet?           |               |

| FROM     | TO           | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|----------|--------------|--------------------|------|----|--------------------|
| <b>0</b> | <b>1</b>     | <b>Native Soil</b> |      |    |                    |
| <b>1</b> | <b>81.75</b> | <b>Bentonite</b>   |      |    |                    |
|          |              |                    |      |    |                    |
|          |              |                    |      |    |                    |
|          |              |                    |      |    |                    |
|          |              |                    |      |    |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>09/04/13</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> . This Water Well Record was completed on (mo/day/year) <b>09/20/13</b> under the business name of <b>GSI Engineering, LLC</b> by (signature) <i>[Signature]</i> |
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**INSTRUCTIONS:** Please fill in blanks 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.