



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Dennis Kleysteuber of 13060 S. Road 20
(Landowner's address)

Garden City KS 67846 am the landowner on which a water well is located in
(City) (State) (Zip)
the NE quarter of the SE quarter of the NW quarter in Section 22, Township 26,
Range 31 ☐ E ☒ W, in Finney County, Kansas which is approxi-
mately _____ feet north/south, and _____ feet east/west of the apparent _____
section corner. The water well was drilled in March, 2010 (month/year).

I hereby request that Grand Mesa Operating Company leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20100103, 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:

SEE ATTACHED FORM FROM LANDOWNER

(Signature) (Date)

(Print)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

OPERATOR:

SEE ATTACHED FORM FROM MURFIN DRLG.

(Signature) (Date)

By: _____
(Agent)

MURFIN DRILLING COMPANY
250 N. WATER SUITE #300
WICHITA KANSAS 67202
(316) 267-3241

WATER WELL

I Dennis Kleystewer hereby after this date 03-23 20 10
or (after Murfin Rig #24 moves off (well name) Kleystewer #1-22
Sec. 22 T. 26S R. 31W . County Finner St. KS.
takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Drig #24 with water to drill
above said lease.

Permit #
2010-0103

SIGNED: 

Land Owner

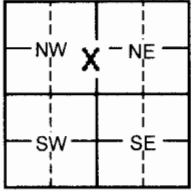
SIGNED: 

Murfin Representative
Rig #24

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20100103

1 LOCATION OF WATER WELL:		Fraction County: Finney ¼ NE ¼ SE ¼ NW ¼	Section Number 22	Township Number T 26 S	Range Number R 31 E <input 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"/> <i>South of Pierreville 8 mile - 1/2 west</i>			Global Positioning System (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 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		
2 WATER WELL OWNER: Dennis Kleysteuber RR#, St. Address, Box # : 13060 S Road 20 City, State, ZIP Code : Garden city, KS 67846					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div> <p style="text-align: center;">N W E S -----1 mile----- </p>		4 DEPTH OF COMPLETED WELL 280 ft. 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 <input type="checkbox"/> 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 240 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 240 ft. to 280 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 280 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	202	220	Fine sand w/clay & caliche
2	20	Fine sand & silt	220	260	Fine to some med sand w/clay & caliche strks
20	71	Fine sand w/caliche lenses	260	280	Fine & med sand w/caliche strks
71	75	Fine & med sand w/caliche lenses			
75	122	Med sand & gravel			
122	137	Fine & med sand w/caliche & clay lenses			
137	152	Fine & med sand w/caliche strks & clay lenses			
152	163	Caliche w/sand strks			
163	182	Fine & med sand w/caliche strks			
182	202	Caliche & clay w/sand strks			
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) 3-3-10 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) 3-9-10 under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</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 .					