

County: Pratt Fraction: NW, NW, NW Sec. 31 T. 27 S R. 11 W

**CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)**

Owner: Palomino Petroleum WWC5P 38' OFWS

If location corrected, was listed as:

Location changed to:

Section-Township-Range: \_\_\_\_\_

\_\_\_\_\_

Fraction (1/4 calls): \_\_\_\_\_

\_\_\_\_\_

Other changes: Initial statements: Lease name & DWR permit number not provided.

Changed to: R Davidson 31-2; Temp Permit # 20170249

Comments: Original well owner was C&M Exploration, P.O. Box 14331, Tulsa, OK

Verification method: Water Well Contractor confirmed information.

Initials: PKC Date: 2/15/2022

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

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

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Pratt</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>31</u>	<u>27</u>	<u>11</u> <span style="float:right;">EW</span>

Distance and direction from nearest town or city street address of well if located within city? Hwy 54 + SE 100th Ave - Go North 1/8 mile + Turn west on Bypass Road for 1 mile. Turn north onto NE 90th Ave for 3/4 mile + East into 600ft

2	WATER WELL OWNER: <u>Palomino Petroleum</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>4924 SE 84th St</u>	Application Number.
	City, State, ZIP Code : <u>Newton, KS 67114</u>	

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> <table border="1" style="margin:auto;"> <tr><td colspan="3" style="text-align:center;">N</td></tr> <tr><td style="text-align:center;">X</td><td></td><td></td></tr> <tr><td style="text-align:center;">NW</td><td></td><td style="text-align:center;">NE</td></tr> <tr><td style="text-align:center;">W</td><td></td><td style="text-align:center;">E</td></tr> <tr><td style="text-align:center;">SW</td><td></td><td style="text-align:center;">SE</td></tr> <tr><td colspan="3" style="text-align:center;">S</td></tr> </table> </div>	N			X			NW		NE	W		E	SW		SE	S			<p>4 DEPTH OF WELL ..... <u>38</u> ..... ft.</p> <p>WELL'S STATIC WATER LEVEL ..... <u>9</u> ..... ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td><input checked="" type="radio"/> 6 Oil Field Water Supply</td> <td>10 Monitoring Well</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 <input checked="" type="checkbox"/> .....</p> <p>If yes, mo/day/yr sample was submitted ..... . . . . .</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> ..... No .....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	<input checked="" type="radio"/> 6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12-Other: _____
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter ..... 5 ..... in.      Was casing pulled? Yes ..... No  .....

Casing height above or below land surface ..... 4.0 Below in.      If yes, how much .....

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout       3 Bentonite      4 Other .....

Grout Plug Intervals:      From ..... 38 ..... ft.      to ..... 4 ..... ft.,      From ..... ft.      to ..... ft.,      From ..... 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	_____
5 Cess pool	10 Livestock pens	<input checked="" type="radio"/> 15 Oil well/Gas well	_____

Direction from well? ..... SW .....      How many feet? ..... 200 .....

FROM	TO	PLUGGING MATERIALS
38	4	Hole Plug
4	0	Top Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 12/27/21 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 ..... This Water Well Record was completed on (mo/day/year) ..... 12/29/21 ..... under the business name of Crowd's Water Well Service by (signature) John Crowds

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline 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.