

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090359

1 LOCATION OF WATER WELL:		Fraction County: Ford ¼ S1/2 ¼ SW ¼ SW ¼		Section Number 32	Township Number T 27 S	Range Number R 24 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"/> .				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: Mark Fischer RR#, St. Address, Box # : 2101 E Crescent Drive City, State, ZIP Code : Dodge City, KS 67801						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N W E SW SE S -----1 mile-----</div>		4 DEPTH OF COMPLETED WELL <u>220</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ 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 <u>4.5</u> in. to <u>180</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>18</u> in., Weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u> 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 <u>180</u> ft. to <u>220</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>220</u> 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 <u>0</u> ft. to <u>20</u> 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 <u>None</u> Direction from well _____ Distance from well _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2	Surface	140	167	Fine to some med sand w/clay strks	
2	20	Loess	167	200	Fine & med sand w/clay lenses	
20	23	Fine sand & sandy clay	200	217	Fine & med sand w/clay & caliche lenses	
33	64	Clay w/caliche lenses & traces of fine sand	217	219	Caliche	
64	73	Fine sand w/clay & caliche	219	235	Yellow ochre/black shale	
73	85	Clay w/caliche lenses				
85	98	Clay & caliche w/sand lenses				
98	120	Fine & med sand w/clay & caliche lenses				
120	131	Fine & med sand & small gravel w/clay lenses				
131	140	Fine sand & sandy clay w/clay 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) <u>12/01/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554 or 783</u> . This Water Well Record was completed on (mo/day/year) _____ under the business name of <u>Woofert Pump & Well Inc.</u> by (signature) <u>[Signature]</u>						
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, Geo/ogy 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 .						

COPY



Murfin Drilling Company, Inc.
250 N. Water Suite #300
Wichita Kansas 67202
(316) 267-3241

WATER WELL

I Mark Fischer hereby after this date 12-18 2009
Or (after Murfin Rig # 22 moves off (well name) Fischer B 1-32
Sec. 32 T. 27s R. 24w County Ford St. KS
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 22 with water to drill
Above said lease.

SIGNED: Mark O. Fischer
LAND OWNER

SIGNED: Bernard Meyer
MDC REPRESENTATIVE

Bernie
Thank you

Mark

Transferred

Submit To:

CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
109 SW 9th Street, 2nd Floor
Topeka, KS 66612-1283
www.ksda.gov/dwr

APPLICATION FOR TEMPORARY PERMIT

☒ GROUNDWATER
☐ SURFACE WATER
(check one)

COPY



State of Kansas

STATUTORY FILING FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION
(Make check payable to the Kansas Department of Agriculture)

FO. 2
GMD. 3
MEETS. 9
K.A.R. 5- KAR
BY KAR
DATE 12/4/09

200910359

1. Applicant: (Please print or type)
Name Murfin Drilling
Street PO Box 8661
City and State Colby KS
Zip Code 67701 Telephone No. (785) 462-7519
Social Security I.D. No. _____
and/or Taxpayer I.D. No. _____

6. Period of use (6 months maximum):

Commencing date: 12-9-09Ending Date: 6-9-10

7. Location of the proposed point of diversion shall be indicated on the diagram below. Use the center section.

If surface water, indicate on the diagram the course of the stream, and its name.

The scale of the diagram is 2 inches = 1 mile
Each small square represents 10 acres

2. Location of Point of Diversion:
Sec. 32, Twp. 27, Rng. 24 (EWN),
Jord County, Kansas.

Distance from Southeast Corner of Section:

330 feet North from Southeast Corner4620 feet West from Southeast Corner

Existing water right? Yes ☐ No ☒
If yes, File No. _____

Pending application? Yes ☐ No ☒
If yes, File No. _____

3. Water Use Data:

Proposed Max. Pumping Rate (gpm) 60

Amount Requested (gallons) 300,000
(not to exceed one million gallons unless for dewatering)

Depth of Well (feet) 220' OR

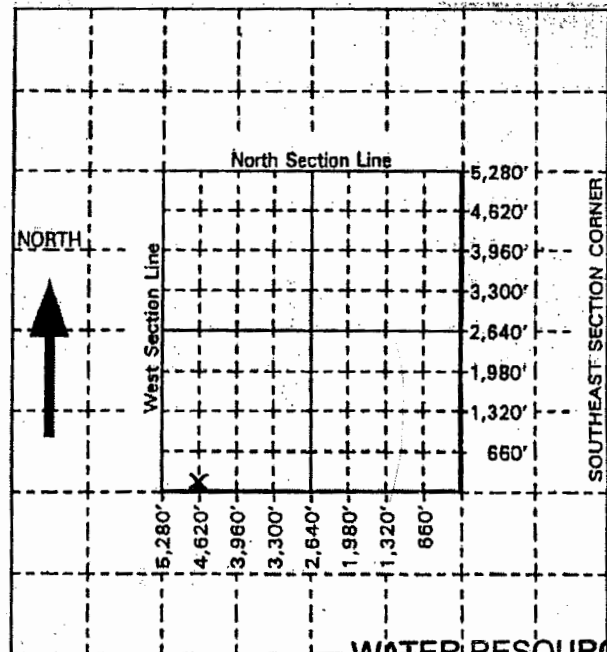
Name of Stream _____

4. Water is to be used for (briefly describe proposed use):

Water Supply Well for Oil Field
Drilling

5. Location of place of use:

SW
32-27-24
Jord Co

WATER RESOURCES
RECEIVED

DEC 04 2009

12:33pm

KS DEPT OF AGRICULTURE

Rig 22

Fischer B 1-32

32-27-24

Ford KS

For Office Use Only: Code TMP Fee \$ 200 TR # _____ Receipt Date 12-4-09 Cha _____

Copy To State, Landowner, water
Tamara Gard...

8. For groundwater use, list below all wells within $\frac{1}{2}$ mile of the proposed well, and plot locations upon the diagram on reverse side. If additional space is needed, attach sheet.

Other wells -

Well A Owner(s): Domestic (CS) 32-27-24 W
Address: _____

Well B Owner(s): _____
Address: _____

9. For surface water use, list below the names and addresses of all landowners from a point $\frac{1}{2}$ mile upstream to a point $\frac{1}{2}$ mile downstream of the tract of land upon which the point of diversion is located. If additional space is needed, attach sheet.

Tract A Owner(s): _____
Address: _____

Tract B Owner(s): _____
Address: _____

10. The owner of the point of diversion, is (please print):

Frank Jeske - 2101 E. Crescent Drive, Dodge City KS 67801-
(name, address and telephone number)

You must provide evidence of legal access to, or control of, the point of diversion of water, from the landowner or the landowner's authorized representative. Provide a copy of a recorded deed, lease, easement or other document with this application. In lieu thereof, you may sign the following sworn statement: Attached

I have legal access to, or control of, the point of diversion described in this application from the landowner or the landowner's authorized representative. I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____.

Applicant's Signature

11. The applicant states that the information set forth herein is true and accurate to the best of his/her knowledge.

Signature of Applicant

or

Donna Pump
Rose J. Dike
Sec
Authorized Representative

12-2-09
Date

Applicant's Name Printed

Title

DO NOT WRITE BELOW THIS LINE

CONDITIONS OF APPROVAL:

The applicant shall maintain records from which the quantity of water actually diverted may be readily determined.

The use of water herein authorized shall not be made so as to impair any use under existing water rights or prejudicially and unreasonably affect the public interest.

K.S.A. 82a-728 states in part "(a) except for the appropriation of water for the purpose of domestic use, . . . it shall be unlawful for any person to appropriate or threaten to appropriate water from any source without first applying for and obtaining a permit to appropriate water . . ."

Well(s) must be properly constructed by the well driller to comply with Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

The Chief Engineer specifically retains jurisdiction in this matter with authority to make such reasonable reductions in the approved rate of diversion and quantity authorized, and such changes in other terms, conditions, and limitations set forth in this approval and permit to proceed as may be deemed to be in the public interest.

RECEIVED

JUL 26 2010

KS GEO SURVEY

APPLICATION APPROVED

Permit Number: 20090359

Date Issued: December 4, 2009

Expiration Date: June 9, 2010

For: David W Barfield, P.E.

Chief Engineer

Division of Water Resources

Kansas Department of Agriculture

The point of diversion authorized by the approval of this application for temporary permit is more particularly described as being located near the center of the South side of the Southwest Quarter of the Southwest Quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section 32, Township 27 South, Range 24 West, Ford County, Kansas.

This is a final agency action. If you choose to appeal this decision or any finding or part thereof, you must do so by filing a petition for review in the manner prescribed by the Kansas Act for Judicial Review and Civil Enforcement of Agency Actions (KJRA K.S.A. 77-601 et. seq.) within 30 days of service of this order. Your appeal must be made with the appropriate district court for the district of Kansas. The Chief Legal Counsel for the Kansas Department of Agriculture, 109 SW 9th Street, 4th Floor, Topeka, Kansas 66612, is the agency officer who will receive service of a petition for judicial review on behalf of the Department of Agriculture, Division of Water Resources. If you have questions or would like clarification concerning this order, you may contact the Chief Engineer.