

**ASSIGNMENT OF WATER WELL TO LANDOWNER**

Ronnie Herrmann  
12460 Saddle RD  
Ford, KS 67842-9468,

is the landowner on which a water well is located approximately

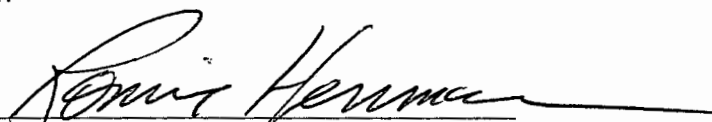
2,970' FSL & 2,310' FEL  
Section 7-28S-22W  
Ford County, Kansas.

Said water well was drilled on or about July 27, 2011  
under Temporary Permit File No. 20110326.

As landowners, we hereby request that Ritchie Exploration, Inc. (operator) leave the water well unplugged, and we agree to properly maintain said well, and upon abandonment of said well, we will assume all responsibility for the plugging of said water well in accordance with the requirements of the Kansas Department of Health and Environment regulations K.A.R. 28-30-7. As consideration for the transfer of this well, we will allow operator to have free use of said well if the situation should arise in the future whereby the operator has additional drilling in the area.

This transfer to be effective November 27, 2011.

LANDOWNERS:

  
Ronnie Herrmann

OPERATOR:

  
A. Scott Ritchie III, President  
Ritchie Exploration, Inc.  
PO Box 783188  
Wichita, KS 67278-3188  
(316) 691-9500

TO: Kansas Dept. of Health & Environment  
Bureau of Water – Geology Section  
1000 S.W. Jackson, Suite #420  
Topeka, KS 66612-1367

Kansas Dept. of Agriculture  
Division of Water Resources  
109 SW 9<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Topeka, KS 66612-1283

RECEIVED

JUN 19 2012

BUREAU OF WATER

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

20110326

<b>1 LOCATION OF WATER WELL:</b> County: Ford		Fraction ¼ SW ¼ SW ¼ NE ¼		Section Number 7		Township No. T 28 S		Range Number R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																																			
<b>2 WATER WELL OWNER:</b> Ritchie Exploration RR#, Street Address, Box #: P.O. Box 783188 City, State, ZIP Code : Wichita, Ks. 67278				<b>Global Positioning System (GPS) information:</b> 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																																																																							
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="text-align: center; padding: 5px;">X</td> <td></td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="text-align: center;">----- 1 mile -----</div>				NW	NE	X		SW	SE	<b>4 DEPTH OF COMPLETED WELL</b> 187 ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 94 ..... ft. below land surface measured on mo/day/yr. 7-27-11..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD. NA..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 10 ..... in. to 187 ..... ft., and ..... in. to ..... ft. 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																																																																	
				NW	NE																																																																						
X																																																																											
SW	SE																																																																										
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 ..... in. to 187 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 18 ..... in., Weight SDR 26 ..... lbs./ft., Wall thickness or gauge No. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 187 ..... ft. to 147 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 187 ..... ft. to 20 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																											
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... ft. to ..... ft., From 20 ..... ft. to 0 ..... 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 <input type="checkbox"/> None Direction from well ..... Distance from well .....																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>8</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>49</td> <td>Tan Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td>81</td> <td>Sand &amp; Gravel-small</td> <td></td> <td></td> <td></td> </tr> <tr> <td>81</td> <td>84</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>181</td> <td>Sand &amp; gravel-medium</td> <td></td> <td></td> <td></td> </tr> <tr> <td>181</td> <td>183</td> <td>Tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>183</td> <td>195</td> <td>Dark gray &amp; yellow clay</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	8	Top soil				8	49	Tan Clay				49	81	Sand & Gravel-small				81	84	Tan clay				84	181	Sand & gravel-medium				181	183	Tan clay				183	195	Dark gray & yellow clay																					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																																						
0	8	Top soil																																																																									
8	49	Tan Clay																																																																									
49	81	Sand & Gravel-small																																																																									
81	84	Tan clay																																																																									
84	181	Sand & gravel-medium																																																																									
181	183	Tan clay																																																																									
183	195	Dark gray & yellow clay																																																																									
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 7-27-11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 8-19-11..... under the business name of Rosencrantz-Bemis..... by (signature) <i>[Signature]</i>																																																																											
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																																											