

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

20090317

|   |     |   |     |   |  |  |
|---|-----|---|-----|---|--|--|
| <b>1 LOCATION OF WATER WELL:</b>  |     | Fraction  |     | Section Number  | Township Number                            | Range Number   |
| County: <b>Decatur</b>  |     | 1/4 SE 1/4 NE 1/4 SW 1/4  |     | <b>5</b>  | T <b>2</b> S                               | R <b>26</b> <input type="checkbox"/> E <input checked="" 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"/> .<br><b>Jennings No to Hwy 36, 1 E 5N 1/4 E No into Murfin Drilling</b>   |     |   |     | <b>Global Positioning System (GPS) information:</b>   |  |  |
| <b>2 WATER WELL OWNER: Bill Schwab</b><br>RR#, St. Address, Box # : Rt 1<br>City, State, ZIP Code : Norcatur Ks 67653   |     |   |     | 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>  |     | <b>4 DEPTH OF COMPLETED WELL 175</b> ft.  |     |   |  |  |
|   |     | Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.  |     |   |  |  |
|   |     | WELL'S STATIC WATER LEVEL <b>na</b> 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                                      |     |   |  |  |
|   |     | 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   |     |   |  |  |
| <b>5 TYPE OF CASING USED:</b> <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 <b>4.5</b> in. to <b>135</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.  |     |   |     |   |  |  |
| Casing height above land surface <b>18</b> in., Weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>   |     |   |     |   |  |  |
| 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 <b>135</b> ft. to <b>175</b> ft., From _____ ft. to _____ ft.  |     |   |     |   |  |  |
| GRAVEL PACK INTERVALS:  |     |   |     |   |  |  |
| From <b>20</b> ft. to <b>175</b> ft., From _____ ft. to _____ ft.   |     |   |     |   |  |  |
| FROM _____ TO _____ LITHOLOGIC LOG  |     |   |     |   |  |  |
| FROM _____ TO _____ LITHO. LOG (cont.) or PLUGGING INTERVALS  |     |   |     |   |  |  |
| 0   | 2   | Surface   | 135 | 155   | Fine to some med sd w/clay & caliche strks |  |
| 2   | 20  | Loess   | 155 | 163   | Clay w/sandstrks                           |  |
| 20  | 32  | Clay w/caliche lenses   | 163 | 170   | Fine to some med sand w/clay strks         |  |
| 32  | 39  | Clay w/caliche strks  | 170 | 175   | Yellow ochre/flint                         |  |
| 39  | 63  | Clay & caliche w/fine sd lenses   |     |   |  |  |
| 63  | 75  | Sandstone w/clay & caliche strks  |     |   |  |  |
| 75  | 84  | Caliche & clay w/sandstone  |     |   |  |  |
| 84  | 95  | Sandstone w/clay & caliche strks  |     |   |  |  |
| 95  | 130 | Clay & caliche w/sandstone  |     |   |  |  |
| 130   | 135 | Clay & caliche w/sand strks   |     |   |  |  |
| <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) <b>11-03-09</b> and this record is true to the best of my knowledge and belief.   |     |   |     |   |  |  |
| Kansas Water Well Contractor's License No. <b>554 or 783</b> . This Water Well Record was completed on (mo/day/year) <b>11-10-09</b>  |     |   |     |   |  |  |
| under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) _____   |     |   |     |   |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> . |     |   |     |   |  |  |

**COPY**



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

**WATER WELL**

I Bill Schwab hereby after this date 12-18 20 09  
Or (after Murfin Rig # 8 moves off (well name) Schwab 1-5  
Sec. 5 T. 2 R. 26 County Decatur St. KS  
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 8 with water to drill  
Above said lease.

SIGNED: Bill Schwab  
LAND OWNER

SIGNED: Brent Myers  
MDC REPRESENTATIVE

Transferred

# COPY

Submit To:

CHIEF ENGINEER  
Division of Water Resources  
Kansas Department of Agriculture  
109 SW 9<sup>th</sup> Street, 2nd Floor  
Topeka, KS 66612-1283  
[www.ksda.gov/dwr](http://www.ksda.gov/dwr)

## APPLICATION FOR TEMPORARY PERMIT

☒ GROUNDWATER  
☐ SURFACE WATER  
(check one)

WATER RESOURCES  
RECEIVED

NOV 09 2009



State of Kansas

KS DEPT OF AGRICULTURE

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

3  
GMD 4  
MEETS 9  
K.A.R. 5-9-1  
BY KAK  
DATE 11/9/2009

20090317

1. Applicant: (Please print or type)

Name Murphy Drilling  
Street Box 661  
City and State Colley, KS  
Zip Code 67701 Telephone No. (785) 462-7541  
Social Security I.D. No. \_\_\_\_\_  
and/or Taxpayer I.D. No. \_\_\_\_\_

6. Period of use (6 months maximum):

Commencing date: 11-12-09  
Ending Date: 5-12-10

2. Location of Point of Diversion:

Sec. 5, Twp. 2, Rng. 26 (EAW)  
Decatur County, Kansas.

Distance from Southeast Corner of Section:

1580 feet North from Southeast Corner  
3230 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) 300000  
(not to exceed one million gallons unless for dewatering)  
Depth of Well (feet) 175' OR  
Name of Stream \_\_\_\_\_

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

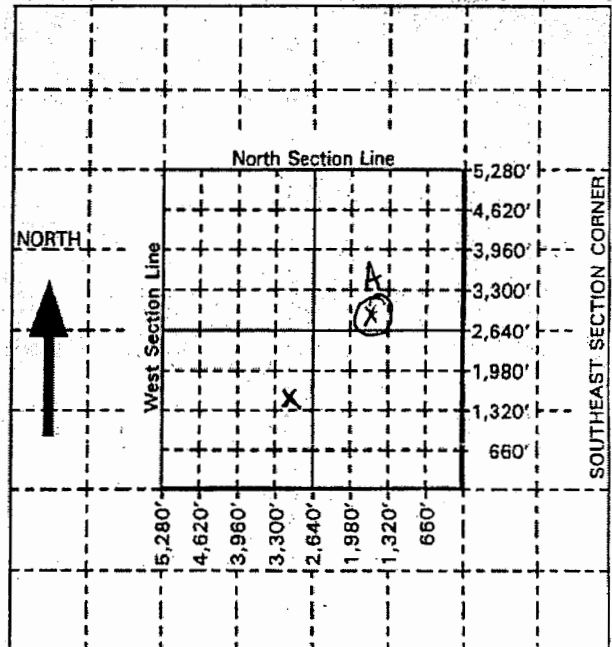
Water Supply Well for Oil  
Field Drilling

5. Location of place of use:

SW 1/4  
S-2-26  
Decatur

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



Rig 8  
moo  
Schwab A 1-5

For Office Use Only: Code TMP Fee \$ 200 TR # \_\_\_\_\_ Receipt Date 11-9-09 Check

Copy to State  
Landowner, Woolter, John Turner

8. For groundwater use, list below all wells within 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): Dave Stapp  
Address: RR1, Norcatur, KS 67653

Well B Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_

9. For surface water use, list below the names and addresses of all landowners from a point 1/2 mile upstream to a point 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):

Bill Schwab - R#1 - Norcatur, Kansas  
(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:**

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

Walter Pump & Well Inc.  
Authorized Representative  
Mary Reichenbach, Sec.

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: 20090317

Date Issued: November 11, 2009

Effective: November 12, 2009

Expiration Date: May 12, 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 in the Southeast Quarter of the Northeast Quarter of the Southwest Quarter (SE1/4 NE1/4 SW1/4) of Section 5, Township 2 South, Range 26 West, Decatur 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.