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COPYWater Well Question

Will the water well mentioned above be plugged by you after the Permit expires?
(please circle) Yes or No

If you circled No, please explain.

The landowner wants the well. Please turn ownership over to:
Martin May, 1954 500th Road, Oberlin, KS 67749

Please sign this form and return to: KDHE - Bureau of Water
Geology Section
1000 SW Jackson St, Ste 420
Topeka, KS 66612-1367

Your telephone number would be appreciated in case we need to contact you.

Signature: Emily M. Hundley-Goff

Name Printed: Emily Hundley-Goff

Telephone No. 303-623-4565

RH:db

Temp

o/DWR letters/Merge Letter - Exp Temp - DB 2012

CHOLLA PRODUCTION LLC
Application Number 2011054700
SW NE NW of SECT 23, T2S, R30W DECATUR County, Kansas

RECEIVED

MAY 03 2012

BUREAU OF WATER

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20110547

1 LOCATION OF WATER WELL: Decatur	Fraction	Section Number	Township Number	Range Number
	NE ¼ SW ¼ NE ¼ NW ¼	23	T 2 S	R 30 <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 ☐.**West of Oberlin to Traer Rd—3 north 1 west-south into****Global Positioning System (GPS) information:**

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

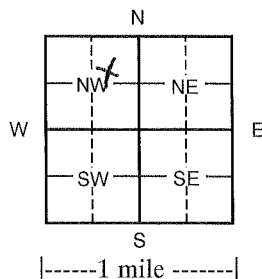
Elevation: _____

Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27

Collection Method:

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER **Martin May**
 RR#, St. Address, Box # **1954 500th Road**
 City, State, ZIP Code **Oberlin, KS 67749**

3 LOCATE WELL WITH AN "X" IN SECTION BOX:**4 DEPTH OF COMPLETED WELL** **235** 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: ☐ Public water supply ☐ Geothermal ☐ Injection wellDomestic ☐ Feedlot ☒ Oil field water supply ☐ Dewatering ☐ Other (Specify below)Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring wellWas a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____
 CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded _____
 Casing diameter **4.5** in. to **195** 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:☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____☐ Brass ☐ Galvanized Steel ☐ None used (open hole)**SCREEN OR PERFORATION OPENINGS ARE:**☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify) _____**SCREEN-PERFORATED INTERVALS:** From **195** ft. to **235** ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **235** ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ 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:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ 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	194	218	Clay & caliche w/sand strks
2	24	Loess	218	230	Fine to some med sand w/clay lenses
24	56	Clay w/caliche lenses	230	240	Yellow ochre/black shale
56	83	Clay & caliche w/fine sand lenses			
83	86	Sandstone			
86	98	Clay & caliche w/fine sand strks			
98	107	Fine to some med w/clay lenses			
107	146	Caliche w/sand strks & clay lenses			
146	167	Fine sand & sandy clay mix w/clay strks			
167	194	Sandstone w/fine sand strks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) **11/18/11** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **12-5-11**
 under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

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>.