

WATER WELL RECORD

Form WWC-5

Jiller 4-27 2008 0425
Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Haskell</u>		Fraction <u>NE 1/4 SW 1/4 SW 1/4</u>		Section Number <u>27</u>		Township Number <u>T 30 S</u>		Range Number <u>R 33 E W</u>																
Distance and direction from nearest town or city street address of well if located within city? <u>Liberal: N on Hwy 83 to Satanta cut through N to Hwy 190 1 W 2 N and .5 E and N into</u>				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																				
2 WATER WELL OWNER: Oxy USA Inc RR#, St. Address, Box # : <u>Hugoton Asset Team Box 2768</u> City, State, ZIP Code : <u>Addison, TX 75001-2768</u>																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100px; height:100px; text-align: center; margin: 10px auto;"><tr><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td></td><td></td><td></td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td></td><td></td></tr></table> S					-- NW --		-- NE --				-- SW --		-- SE --				4 DEPTH OF COMPLETED WELL <u>440</u> ft. Depth(s) Groundwater Encountered (1)..... <u>315</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>315</u> ft. below land surface measured on mo/day/yr. <u>10-06-08</u> Pump test data: Well water was..... <u>325</u> ft. after..... <u>1</u> hours pumping..... <u>100</u> gpm Est. Yield..... <u>100</u> gpm: Well water was..... ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot <u>6</u> Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> No							
-- NW --		-- NE --																						
-- SW --		-- SE --																						
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <u>2</u> PVC 4 ABS 7 Fiberglass <u>320</u>		CASING JOINTS: Glued..... <u>X</u> Clamped..... Welded..... Threaded..... Blank casing diameter <u>6</u> in. to ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface..... <u>24</u> in., Weight <u>4.704</u> lbs./ft. Wall thickness or gauge No. <u>SDR 21.316</u>																						
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7</u> VC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <u>8</u> Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From..... <u>320</u> ft. to <u>420</u> ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From..... <u>220</u> ft. to <u>420</u> ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.																						
6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout 3 Bentonite <u>4</u> Other <u>hole plug</u>		Grout Intervals: From..... <u>1</u> ft. to <u>25</u> ft., From..... ft. to ft., From..... ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage <u>15</u> Oil well/gas well Direction from well? <u>Southeast</u> How many feet? <u>350</u>																						
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS																						
0	3	Surface	285	425	Sand																			
3	22	Clay	425	440	Clay																			
22	73	Sand																						
73	77	Sand and gravel																						
77	89	Sand																						
89	105	Clay																						
105	133	Sand																						
133	138	Clay																						
138	265	Sand																						
265	285	Sand and clay streaks																						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-06-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>KWCCL 430</u> This Water Well Record was completed on (mo/day/year) <u>10-06-08</u> under the business name of <u>Howard Drilling Box 806 Beaver, Ok 73932</u> (Signature) <u>[Signature]</u>																								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, under line 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																								