WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Grant | Fraction: NW ¼ NW ¼ ¼ ¼ | Section Number: 10 | Township No.: T 30 S | Range Number: R 37 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
215 East Road 20
Ulysses, Kansas

2 WATER WELL OWNER: Pioneer Natural Resources, USA
RR#, Street Address, Box #: P.O. Box 2788
City, State, ZIP Code : Amarillo, Texas 79105

Global Positioning System (GPS) information:
Latitude: N37.458722 (in decimal degrees)
Longitude: W101.358155 (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☑ GPS unit (Make/Model: Handy GPS)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☑ 5-15 m, ☐ >15 m

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N / W / E / S — NW, NE, SW, SE
|----------1 mile----------|

4 DEPTH OF COMPLETED WELL 110 ft. SVE-6
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
Bore Hole Diameter 8 3/4 in. to 112 ft., and .....in. to .....ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☑ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Soil Vapor Extr.
Was 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 2 in. to 25 ft., Diameter 2 in. to 70 ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12 in., Weight .....lbs./ft., Wall thickness or gauge No. .....
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 25 ft. to 65 ft., From 70 ft. to 110 ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 24 ft. to 65 ft., From 69 ft. to 112 ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 3 ft. to 24 ft., From 65 ft. to 69 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 .....
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Brown Clay	63	64	Pink Silt
5	8	Brown Clayey Silt	64	75	Reddish Yellow Clay
8	14	Gray Silt	75	80	Red Silty Clay
14	16	Brown Clay	80	89	Pink Clay
16	27	Gray Silt	89	92	Red Silty Clay
27	39	Brown Clay	92	104	Reddish Yellow Clay
39	44	Gray Silt	104	110	Pink Silt
44	52	Brown Clayey Silt	110	112	Yellowish Red Clay
52	59	Pink Clay			
59	63	Gray Silt			

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) 02/14/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 763 This Water Well Record was completed on (mo/day/year) 03/08/2012 under the business name of Peterson Drilling and Testing, Inc. by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* 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 785-296-5524. 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 http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☑ White Copy, ☐ Blue Copy, ☐ Pink Copy