

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

20130858

<b>1 LOCATION OF WATER WELL:</b> County: Barber	Fraction ¼ SE ¼ SE ¼ SE ¼	Section Number 5	Township No. T 32 S	Range Number R 12 <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"/> 2 3/4 West of Medicine Lodge		<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>2 WATER WELL OWNER:</b> Dixon Energy RR#, Street Address, Box #: 8100 E. 22nd Street North City, State, ZIP Code : Wichita, KS 67226				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%;">NW</td> <td style="width:5%;"></td> <td style="width:5%;">NE</td> <td style="width:5%;"></td> </tr> <tr> <td style="width:5%;">W</td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;">E</td> </tr> <tr> <td style="width:5%;"></td> <td style="width:5%;">SW</td> <td style="width:5%;"></td> <td style="width:5%;">SE</td> <td style="width:5%;"></td> </tr> <tr> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td style="width:5%;"></td> <td colspan="3" style="text-align: center;">S</td> <td style="width:5%;"></td> </tr> </table> <p style="text-align: center;"> -----1 mile----- </p>		NW		NE		W				E		SW		SE								S				<b>4 DEPTH OF COMPLETED WELL 60</b> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 8 ..... ft. below land surface measured on mo/day/yr. 10-22-13 ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD. N/A ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 10 ..... in. to 60 ..... 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																							
W				E																						
	SW		SE																							
	S																									

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 5 ..... in. to 60 ..... 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. ....

**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 60 ..... ft. to 40 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 60 ..... ft. to 20 ..... 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 ..... ft. to ..... ft., From 20 ..... ft. to 0 ..... 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 **Pumping unit** .....

Direction from well Northwest ..... Distance from well 50ft .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	8	Red clay			
8	55	Sand & gravel- med to large with clay streaks			
55	60	Red shale			

**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) 10-22-13 ..... 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) 11-4-13 .....  
 under the business name of Rosencrantz- Bemis Ent Inc ..... by (signature) *Gora*

**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>.



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Charles W. Thom of 1108 N. High Street  
(Landowner's address)

Medicine Lodge, KS 67104 am the landowner on which a water well is located in  
(City) (State)  
the SE quarter of the SE quarter of the SE quarter in Section 5, Township 32S, (32 South)  
Range 12 E in Barber County, Kansas which is approximately  
80 feet north and 330 feet east west of the apparent SE section  
corner. The water well was drilled in 10/2013 (month/year).

I hereby request that Dixon Energy, Inc. leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20130858, unplugged, and I will  
assume all responsibility for the plugging of said water well in accordance with the requirements  
of the Kansas Department of Health and Environment regulation K.A.R. 28-30-7.

LANDOWNER:

Charles W. Thom  
(Signature) (Date) 3-27-14

Charles W. Thom  
(Print)

OPERATOR:

[Signature]  
(Signature) (Date) 3-26-14

By: Micheal W. Dixon - President  
(Agent) Dixon Energy

IF ADDITIONAL LANDOWNER

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)

RECEIVED  
APR 08 2014  
BUREAU OF WATER

**Water 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.

see Attached Transfer

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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: 

Name Printed: Timothy Dixon

Telephone No. \_\_\_\_\_

RH:db

Temp

c/DWR letters/Merge Letter - Exp Temp - DB 2014

ROSENCRANTZ-BEMIS  
Application Number 20130858 00  
SE SE SE of SECT 5, T32S, R12W, Barber County, Kansas

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