

Burrows #1-1

## WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

2009 0101

<b>1 LOCATION OF WATER WELL:</b> County: STEVENS		Fraction SW 1/4 SW 1/4 NW 1/4 1/4		Section Number 1	Township No. T 34 S	Range Number R 39 <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"/> 4 S of Feterita, 2W, 1.25 N, E & N past Where Old Windmill Tower was.				Global Positioning System (GPS) information: 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> EOG RESOURCES INC. RR#, Street Address, Box #: 3817 NW EXPRESSWAY STE. 500 City, State, ZIP Code : OKLAHOMA CITY, OK 73112-1483						
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W E S [-----] 1 mile [-----]		<b>4 DEPTH OF COMPLETED WELL</b> 400 ..... ft. Depth(s) Groundwater Encountered (1) 140 ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 140 ..... ft. below land surface measured on mo/day/yr. 4-23-09 ..... Pump test data: Well water was 315 ..... ft. after 1 ..... hours pumping 100 ..... gpm EST. YIELD 100 ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 10 3/4 ..... in. to 400 ..... 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				
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 6 ..... in. to 300 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 24 ..... in., Weight 4.074 ..... lbs./ft., Wall thickness or gauge No. SDR-21.316 ..... 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 300 ..... ft. to 400 ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 200 ..... ft. to 400 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
<b>6 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other HOLE PLUG Grout Intervals: From 1 ..... ft. to 25 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input checked="" type="checkbox"/> Oil well/gas well ..... Direction from well North Distance from well 3600						
FROM TO LITHOLOGIC LOG			FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS			
0	3	SURFACE	319	321	CLAY	
3	42	SANDY CLAY	321	333	SAND	
42	57	SAND	333	337	CLAY	
57	64	SANDY CLAY	337	350	SAND	
64	107	SAND	350	395	SANDY CLAY & SAND	
107	129	CLAY	395	400	CLAY (red)	
129	187	SAND				
187	290	SANDY CLAY				
290	301	SAND & SANDY CLAY				
301	319	SAND				
<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) 4-23-09 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWW430. This Water Well Record was completed on (mo/day/year) 4-23-09 ..... under the business name of Howard Drilling Box 806 Beaver Ok 73932 by (signature) <i>Paul Howard</i>						
<b>INSTRUCTIONS:</b> 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 785-296-5522. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .						