ATER WELL PLUGGING RECORD Form WWC-5	ATER WELL	PLUGGING	RECORD	Form WWC-5
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KSA 82a-1212

ID NO.

0042370

LOCATION County:	OF WATER W		Fraction SW 1/4 SE 1/4		ection Number 4	Township Number 35S	Range Num	nber V	
Distance an			own or city street addr	ess of well if loo	the second section of the second section is the second section of the sec	?			
WATER WELL OWNER: James Madden (Madden Oil) RR#, St. Address, Box #: 32684 Upper Bear Creek Rd.					Global Positioning System (decimal degrees, min. of 4 digits) Latitude: Longitude:				
City, State,			, CO 80439	D	evation:				
MADIZ WEI	L'S LOCATIO		4 DEPTH OF W		ata Collection N 182.04 ft		ng ng ng thapang ang 1860 ng 1869 ng		
	X" IN SECTION			TIC WATER LE		176.71 fi	t.		
			WELL WAS U	JSED AS:					
w	- NW NE	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil F 7 Dom	c Water Supply ield Water Supplestic (Lawn & Conditioning	oly 10 Monitor	ing r Well	نىڭ ئاردا	
			Was a chem	nical/bacteriolog	ical sample sul	omitted to Department	? Yes N	10 <u> </u>	
GROUT PL Grout Plug What is the 1 Septic ta 2 Sewer lii	ght above or but LUG MATERIA Intervals: First enearest source and the sewer lines ines	4 in. 1 elow land s L: 1 f rom 3 e of possib 6 Seep 7 Pit pr 8 Sewa 9 Feed	Was casing pulled? Surface 12 Neat cement 2 C ft. to 182.04 Sile contamination: age pit 11 Full ivy 12 Fe ige lagoon 13 In yard 14 A	S Concrete Tile (es X No ft. ement grout ft., From uel Storage ertilizer storage secticide storage bandoned wate il well/Gas well	3 Bentonite ft. to 16 Other le r well Directi		to		
FROM	то	PLUG	GING MATERIALS	FROM	ТО	PLUGGING M	IATERIALS		
0	3	* * ** ** * * * * * * * * * * * * * *	re soil / Concrete						
3	182.04		Cement grout						
			<u> </u>						
ompleted on Vell Contract usiness nam	(mo/day/year) or's License N ne	o5	0/08/13 and to 531 . This Water	this record is tru	ie to the best of	under my jurisdiction f my knowledge and b on (mo/day/year)1	eller Nansas	s W <i>e</i> nde	
f		neering, L			-100	1)		77.72	
NSTRUCTIO	Bureau of Wa	ter Geolog	v Section. 1000 SW J	nswers. Send t	op three copies . 420, Topeka,	to Kansas Departme Kansas 66612-1367. http://www.kdheks.go	nt of Health a Telephone:	nd	