

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

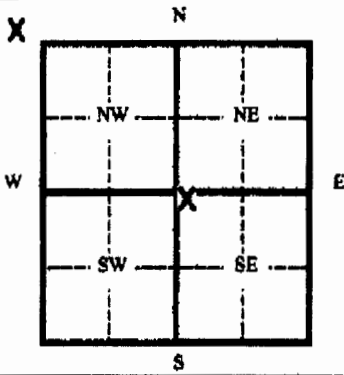
MW-15

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|--------------------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: Fraction | Section Number | Township Number | Range Number |
| County: Rawlins NW 1/4 NW 1/4 SE 1/4 | 8 | 3 S | 33 W |

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: MaxFee Oil Company
 RR#, St. Address, Box # 707 South 3rd
 City, State, ZIP Code Atwood, KS 67730
 Board of Agriculture, Division of Water Resources
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 20 ft.
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes No _____ If yes, how much _____ 3 feet
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well
 Direction from well? _____ How many feet? _____

| FROM | TO | CODE | PLUGGING MATERIALS |
|------|----|------|--------------------|
| 0 | 20 | | Bentonite grout |
| | | | |
| | | | |
| | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11/8/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 11/18/15 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Bluestem Environmental Engineering, Inc. by (signature) *Nick Holt*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-298-3586. Send one to Water Well Owner and retain one for your records.