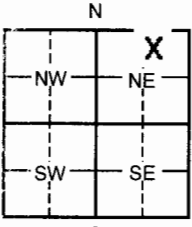


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090281

1 LOCATION OF WATER WELL: County: Cheyenne	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 8	Township Number T 3 S	Range Number R 37 <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"/> .		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		
2 WATER WELL OWNER: CWA Land Inc. RR#, St. Address, Box # : HC1 Box 77 City, State, ZIP Code : McDonald, Ks 67745				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <u>320</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>na</u> 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 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
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5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other
CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Casing diameter <u>4.5</u> in. to <u>280</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface <u>18</u> in., Weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>
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 <u>280</u> ft. to <u>320</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>320</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other
Grout Intervals From <u>0</u> ft. to <u>20</u> 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 type="checkbox"/> Oil well/gas well None
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	21	Loess			
21	150	Clay			
150	180	Sandstone w/clay strks w/caliche lens			
180	215	Sandstone w/fine sand & caliche strks			
215	220	Sandstone w/caliche strks			
220	318	Fine sand w/sandstone strks			
318		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) _____ and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 554 of 783 . This Water Well Record was completed on (mo/day/year) 10-19-09
under the business name of Woofter Pump & Well Inc. by (signature) _____

INSTRUCTIONS: 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 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>.

KDHE

Reply to: (785) 296-3565 FAX (785) 296-5509
Bureau of Water - Geology Section
1000 S. W. Jackson, Ste. 420
Topeka, KS 66612-1367



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

CWA Land L.P.
I, By CW Anthol of HC-2 Box 77 - McDonald
(Landowner's address)

McDonald Ks am the landowner on which a water well is located in
(City) (State)
the NW quarter of the NE quarter of the NE quarter in Section 8, Township 3,
Range 37 E W in Cheyenne County, Kansas which is approximately
255 feet north/south, and 1100 feet east/west of the apparent NE section
corner. The water well was drilled in October, 2009 (month/year).

I hereby request that McCoy Petroleum Corporation leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20090281, 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:

CWA Land L.P.
By CW Anthol 11-11-09
(Signature) (Date)
CWA Land L.P.
By CW Anthol
(Print)

OPERATOR:

Scott Hampel 11/16/2009
(Signature) (Date)
By: Scott Hampel
(Agent)

IF ADDITIONAL LANDOWNER

~~(Signature) (Date)~~

~~(Print)~~

WWC-7

RECEIVED

NOV 17 2009

BUREAU OF WATER