

COPY

ASSIGNMENT OF WATER WELL TO LANDOWNER

James & Peggy Ninemire
28266 RD W9 Ln
Lenora, KS 67645-9605

is the landowner on which a water well is located approximately

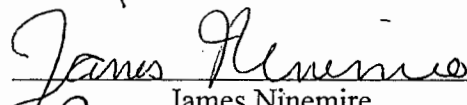
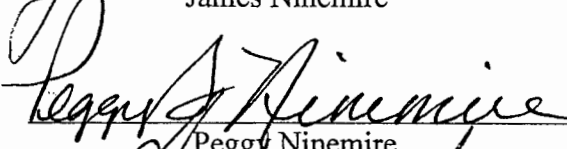
1670' FSL & 620' FEL
Section 31-5S-24W
Norton County, Kansas.

Said water well was drilled on or about August 26, 2011
under Temporary Permit File No. 20110402.

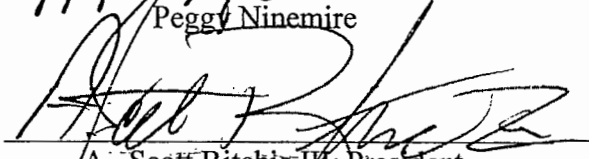
As landowners, we hereby request that Ritchie Exploration, Inc. (operator) leave the water well unplugged, and we agree to properly maintain said well, and upon abandonment of said well, we will assume all responsibility for the plugging of said water well in accordance with the requirements of the Kansas Department of Health and Environment regulations K.A.R. 28-30-7. As consideration for the transfer of this well, we will allow operator to have free use of said well if the situation should arise in the future whereby the operator has additional drilling in the area.

This transfer to be effective December 8, 2011.

LANDOWNERS:


James Ninemire

Peggy Ninemire

OPERATOR:


A. Scott Ritchie III, President
Ritchie Exploration, Inc.
PO Box 783188
Wichita, KS 67278-3188
(316) 691-9500

TO: Kansas Dept. of Health & Environment
Bureau of Water – Geology Section
1000 S.W. Jackson, Suite #420
Topeka, KS 66612-1367

Kansas Dept. of Agriculture
Division of Water Resources
109 SW 9th Street, 2nd Floor
Topeka, KS 66612-1283

RECEIVED

JUN 14 2012

BUREAU OF WATER

Form WWC-5

Division of Water Resources App. No. 20110402

1 LOCATION OF WATER WELL: Fraction Norton ¼ S2 ¼ NE ¼ SE ¼		Section Number 31	Township Number T 5 S	Range Number R 24 E <input type="checkbox"/> W <input checked="" type="checkbox"/>																																																												
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 James & Peggy Ninemire RR#, St. Address, Box # 28266 Rd W9 LN City, State, ZIP Code Lenora, KS 67645																																																																
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N W E SW SE S -----1 mile----- </div>	4 DEPTH OF COMPLETED WELL 45 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ 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 Domestic <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____ 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																																																															
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 4.5 in. to 5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248 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 5 ft. to 45 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 10 ft. to 45 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals From 0 ft. to 10 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 _____																																																																
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Surface</td><td></td><td></td><td></td></tr><tr><td>2</td><td>6</td><td>Loess</td><td></td><td></td><td></td></tr><tr><td>6</td><td>43</td><td>Fine & med sand & flat rock</td><td></td><td></td><td></td></tr><tr><td>43</td><td>44</td><td>Flint</td><td></td><td></td><td></td></tr><tr><td>44</td><td>60</td><td>Black shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>					FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface				2	6	Loess				6	43	Fine & med sand & flat rock				43	44	Flint				44	60	Black shale																											
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>constructed</u> , reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 8/26/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/year) 9-8-11 under the business name of Woofert Pump & Well Inc. by (signature) <i>Jay C. Woofert</i>																																																																
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 .																																																																