

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Decatur		NE ¼ NE ¼ NE ¼	20	T 5 S	R 29
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Sylvester Ritter Ent					
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code		Application Number: 20080121			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 135 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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			
		Bore Hole Diameter 8 in. to 135 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes X No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued X Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass	Threaded		
Blank casing diameter 4.5 in. to 95 ft., Dia _____ in. to _____ ft., Dia _____ 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:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From 95 ft. to 135 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 135 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Grout intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/ Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	20		Surface		
20	37		Clay		
37	50		Fine to med sd w/clay strls		
50	56		Med sd & gravel		
56	62		Clay caliche & sand		
62	66		Cemented sand		
66	85		Clay & caliche w/sandstrks		
85	98		Fine sand w/caliche		
98	102		Med sand		
102	104		Clay w/sand strks		
104	107		Med sand w/clay		
107	128		Fine med sd		
128	135		shale		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 04-04-08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 783		This Water Well Record was completed on (mo/day/yr) 04-04-08			
under the business name of Woofter Pump & Well Inc.		by (signature) <i>[Signature]</i>			
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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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SEC



Murfin Drilling Company, Inc.
250 N. Water Suite #300
Wichita Kansas 67202
(316) 267-3241

WATER WELL

I Sybilta Ritter hereby after this date 3-29 2008
Or (after Murfin Rig # 3 moves off (well name) R. Her 1-20
Sec. 26 T. 55 R. 29W County Decatur St. KS
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 3 with water to drill
Above said lease.

SIGNED: Sybilta Ritter
LAND OWNER

SIGNED: Kath Van Pelt
MDC REPRESENTATIVE



Transferred

GMD 4

WATER RESOURCES
RECEIVED

MEETS

MAR 31 2008

DATE 3-31-08

BY [signature]

The State of Kansas

KS DEPT OF AGRICULTURE

Submit To:

CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
109 SW 9th Street, 2nd Floor
Topeka, KS 66612-1283APPLICATION FOR
TEMPORARY PERMIT☒ GROUNDWATER
☐ SURFACE WATER
(check one)A STATUTORY FILING FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION
(Make check payable to the Department of Agriculture)

20080121

1. Applicant (please print or type):

Name Murphy Drilling
Street Box 1661
City and State Galva KS
Zip Code 67441 Telephone No _____
Social Security I.D. No. _____
and/or Taxpayer I.D. No. _____

6. Location of place of use:

NE 14
20-5-29 W
Decatur Co

2. Location of Point of Diversion: (NE, NE, NE)

Sec. 20 Twp. 5 Rng. 29 (E) (W) (N) (S)
Decatur County, Kansas.

Distance from Southeast Corner of Section:

410.30 feet North from Southeast Corner
500 feet West from Southeast CornerExisting water right? Yes ☐ No ☒
If yes, File No. _____Pending application? Yes ☐ No ☒
If yes, File No. _____

7. Period of use (6 months maximum):

Commencing date: 4-4-08
Ending date: 10-4-08

8. Location of the proposed point of diversion shall be indicated on the diagram below. Use the center section.

If surface water, indicate on the diagram the course of the stream, and its name.

The scale of the diagram is 2 inches = 1 mile
Each small square represents 10 acres

3. Water Use Data:

* Proposed Max. Pumping Rate (gpm) 600
Amount Requested (gallons) 300000 (0.924F)
(not to exceed one million gallons unless for dewatering)
Depth of Well (feet) 135 OR
Name of Stream _____

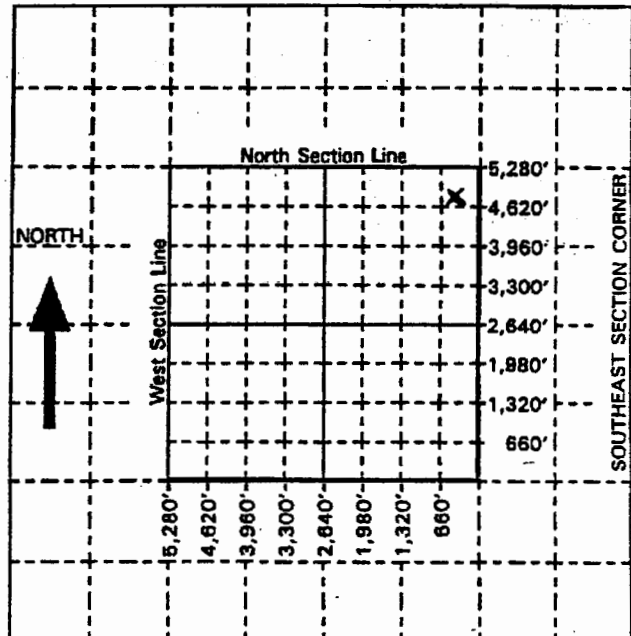
4. Name, address and phone number of the owner of land upon which point of diversion is located:

Shirley Pitter Ent.
RR1 Box 160 Decatur KS 67435

If other than applicant, submit statement showing owner's permission to install diversion works has been obtained (attach if applicable).

oil gas lease owner

5. Water is to be used for (briefly describe proposed use):

water supply well
for oil field drillingFor Office Use Only: Code TMP Fee \$ 200 TR # _____ Receipt Date 3-31-08 Check # 33916

RECEIVED

MAR 16 2009

BUREAU OF WATER

Copy To State, Landowner, WOOF to