

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Decatur		NW 1/4 NE 1/4 SE 1/4	26	T 5 S	R 29 EW
Distance and direction from nearest town or city street address of well is located with city? Murfin					
2 WATER WELL OWNER: Fred Albers					
RR#, St. Address, Box # : 2092 Co Rd 34			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Rexford, Ks 67753			Application Number: 20080147		
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					
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	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
				9 ABS	12 None used (open hole)
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	
			7 Torch cut	10 Other (specify)	
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. 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)
				13 Insecticide storage	none
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	84	90
2	8		Loess	90	98
8	20		Sandstone & caliche	98	105
20	31		Fine to some med sd & sand-	105	132
			Stone strks	132	135
31	36		Sandstone & cemented sand		
36	41		Sandstone & clay		
41	48		Fine to some med sd w/clay strk		
48	56		Sandstone		
56	62		Clay & caliche		
62	68		Sandstone		
68	72		Fine to some med sand		
72	78		Sandstone		
78	84		Fine sd w/caliche strksk		
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) 4-16-08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 354			This Water Well Record was completed on (mo/day/yr) 4-18-08		
under the business name of Woffert 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 SW 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

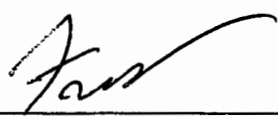


Murfin Drilling Company, Inc.
250 N. Water Suite #300
Wichita Kansas 67202
(316) 267-3241

WATER WELL

I Fred Albers hereby after this date 4-9 20 08
Or (after Murfin Rig # moves off (well name))
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: 

LAND OWNER

SIGNED: 

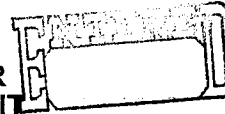
MDC REPRESENTATIVE

Submit To:

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

FO 3
GMD 4
MEETS 9
KAR 6
BY DWS
DATE 4/10/08

APPLICATION FOR
TEMPORARY PERMIT
GROUNDWATER
☐ SURFACE WATER
(check one)



transferred



The State of Kansas

A STATUTORY FILING FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION
(Make check payable to the Department of Agriculture)

20080147

1. Applicant (please print or type):
Name Mountain Drilling
Street Rockledge
City and State Colby KS
Zip Code 67801 Telephone No. ()
Social Security I.D. No.
and/or Taxpayer I.D. No.

6. Location of place of use:
Sec 14
26-S-MW
Decatur Co
Albers A1-26

2. Location of Point of Diversion:
Sec. 14, Twp. 5, Rng. 29 (E) (W)
Decatur County, Kansas.
Distance from Southeast Corner of Section:
2250 feet North from Southeast Corner
1320 feet West from Southeast Corner

7. Period of use (6 months maximum):
Commencing date: 4-15-08
Ending date: 10-15-08

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 stream, and its name.

RECEIVED

WATER RESOURCES
RECEIVED

The scale of the diagram is 2 inches = 1 mile
MAR 16 2008 Each small square represents 10 acres

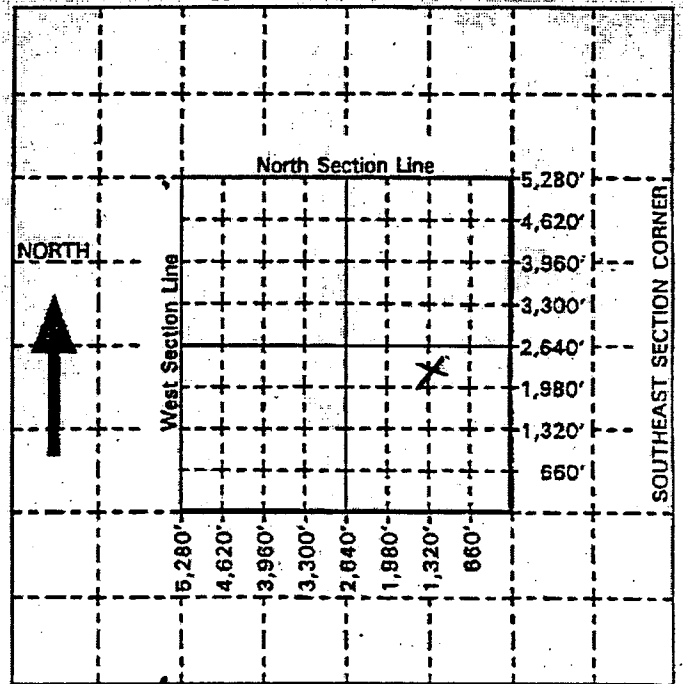
BUREAU OF WATER

APR 10 2008
12:16pm
KS DEPT OF AGRICULTURE

3. Water Use Data:
Proposed Max. Pumping Rate (gpm) 600
Amount Requested (gallons) 300000
(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:
Frank Williams 2012 Cedar St
Rockledge KS 67801
If other than applicant, submit statement showing owner's permission to install diversion works has been obtained (attach if applicable). Owner Grant Admission

5. Water is to be used for (briefly describe proposed use):
Water Supply
well for oil
for drilling



For Office Use Only: Code TMP Fee \$ 200 TR # Receipt Date 4/10/08 Check # 33961

Copy To State, Landowner, Water