


H & C OIL OPERATING, INC.
P.O. Box 86
Plainville, KS 67663
785-434-7434 Phone/785-688-4200 Fax

Water Well

I, **Brad Trexler, Trustee**, hereby after this date, **July 16, 2012** or after H & C Oil Operating, Inc. moves off (well name) **R.E.T. #16-1** located in **Sec. 16 T. 6S R. 22W.** County **Graham** State **Kansas** takes all and full responsibilities of water well drilled in the SE/4 Sec. 16 T6S, R22W.

Drilled for the purpose of supplying H & C Oil Operating, Inc. with water to drill above said lease.

Signed:


Brad Trexler, Trustee, Rush Educational Trust

Signed: _____

H & C Oil Operating Representative

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 2012 0155

1 LOCATION OF WATER WELL: Graham	Fraction W2 ¼ NW ¼ SW ¼ SE ¼	Section Number 16	Township Number T 6 S	Range Number R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
At intersection of BB Road & 310 Ave—Se 1/4

Global Positioning System (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWN **Rush Educational Trust**
 RR#, St. Address, Box # c/o Dennis Bieker
 City, State, ZIP Code PO box 579
 Hays, KS 67601

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

-----1 mile-----

4 DEPTH OF COMPLETED WELL 210 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: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 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 CASING USED: Steel PVC Other _____
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 4.5 in. to 170 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:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____
 SCREEN-PERFORATED INTERVALS:
 From 170 ft. to 210 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS:
 From 20 ft. to 210 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite 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:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage 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	75	115	Clay & caliche sand strks
2	14	Loess	115	123	Fine sand
14	31	Clay & caliche	123	142	Med sand clay strks
31	43	Clay w/sandstone strks	142	144	Clay
43	52	Fine sand clay & caliche	144	155	Med sand & gravel
52	55	Caliche	155	160	Clay 160 to 193 Fine to med sand clay lens
55	60	Med sand	193	196	Clay
60	61	Caliche	196	208	Med sand & gravel clay lenses
61	75	Med sand	208	215	Clay caliche & sand strks
75	95	Fine sand clay & caliche	215	225	Ochre/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) 2/2/12 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) 2-22-12
 under the business name of **Woofter Pump & Well Inc.** by (signature) *[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>.