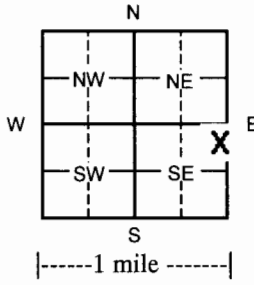


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20100007

1 LOCATION OF WATER WELL: County: Graham		Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$		Section Number 18	Township Number T 6	Range Number R 23 <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: Carl Campbell RR#, St. Address, Box # : RR 1, Box 92 City, State, ZIP Code : Hoxie, Ks 67740						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 180 ft. 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 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					
	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 140 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 140 ft. to 180 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 180 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 0 ft. to 20 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	170	172	Flint	
2	26	Loess	172	178	Fine to some med sand w/yellow ochre strks	
26	51	Clay & caliche w/fine sand lenses	178	190	Yellow ochre & flint	
51	78	Fine to some med sand w/clay & caliche strks				
78	97	Caliche & clay w/sand strks				
97	105	Fine sand w/clay & caliche lenses				
105	127	Fine to med sand w/clay & caliche lenses				
127	131	Caliche & clay w/sand strks				
131	145	Fine sand w/clay & caliche lenses				
145	170	Fine sand w/clay & caliche strks				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-4-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554 or 783</u> . This Water Well Record was completed on (mo/day/year) <u>1-12-10</u> 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 .						

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

COPY

Water Well

I Carl Campbell hereby after this date June 1, 2010 or
after H & C Oil Operating, Inc. moves off (well name) Campbell 18-1
Sec. 18 T. 6S R. 23W. County Graham State Kansas takes all and
full responsibilities of water well drilled on lease.

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

Signed: Carl Campbell
LAND OWNER

Signed: Charles R Ramsey
H & C Oil Operating Representative



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

July 14, 2010

H & C OIL OPERATING INC
PO BOX 86
PLAINVILLE, KS 67663

COPY

Re: Appropriation of Water, Application Number 20100007 00

Dear Sir/Madam:

The Division of Water Resources, Kansas Department of Agriculture (DWR) has notified the Kansas Department of Health and Environment (KDHE) the above described Temporary Permit has been issued. The Temporary Permit originally authorized the use of groundwater to be withdrawn by means of the water supply well located as described below:

1 well located in the NE NE SE of SECT 18, T6S, R23W, Graham County, Kansas.

Temporary Permits are issued for a duration of 6 months by the DWR. After the Temporary Permit expires KDHE considers the water well abandoned and Kansas Administrative Regulation (K.A.R.) 28-30-7(a) requires abandoned water wells to be plugged or caused to be plugged by the landowner. Once a water well has been plugged, K.A.R. 28-30-4 requires a plugging report (Form WWC-5 or WWC-5 "P") to be completed and returned to KDHE.

Please answer the following question concerning the water well. Sign on the signature line and return this letter to: KDHE, Attn: Geology Section, Bureau of Water, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367 within two weeks from the date of this letter. If this form is not returned within two weeks, this may result in a follow-up by KDHE to determine the status of the well. If you have questions or need assistance with the form please contact Richard Harper at (785) 296-3565 or by e-mail at rharper@kdheks.gov.

Sincerely,

Richard Harper, LG
Water Well Unit Chief
Geology Section/Bureau of Water

cc: KDHE
NWDO
Graham 1

RECEIVED

JUL 28 2010

BUREAU OF WATER

DIVISION OF ENVIRONMENT
Bureau of Water

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE 420, TOPEKA, KS 66612-1367
Voice 785-296-5524 Fax 785-296-5509 <http://www.kdheks.gov/geo>

Printed on Recycled Paper

COPY

Water Well Question

Will the water well mentioned above be plugged by you after the Permit expires?
(please circle) Yes or **(No)**

If you circled No, please explain.

SEE ATTACHED TRANSFER

Please sign this form and return to KDHE at the above address. Your telephone number would be appreciated in case we need to contact you.

Signature: Charles R Ramsay

Name Printed: CHARLES R RAMSAY

Telephone No. 785-434-7434

RH:db

Temp

R/Geology/Final DWR-GS Database 2010/Temp Permit Merge Letter