



Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

July 13, 2012

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

Re: Appropriation of Water, Application Number 20120172 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 The Temporary Permit originally authorized the use of groundwater to be withdrawn by means of the water supply well located as described below: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 SE NE NE of SECT 29, T6S, R24W, 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 AP@) 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,

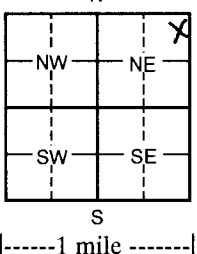
Richard Harper, LG
Water Well Unit Chief
Geology Section/Bureau of Water

cc: KDHE
NWDO
Graham 01

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20120172

1 LOCATION OF WATER WELL: Graham		Fraction ¼ SE ¼ NE ¼ NE ¼	Section Number 29	Township Number T 6 S	Range Number R 24 <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: N 39 30.513 (in decimal degrees) Longitude: W 100 00.930 (in decimal degrees) Elevation: 2454 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 Darlene Day RR#, St. Address, Box # HC 63, Box 209 City, State, ZIP Code Lenora, KS 67645					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <u>190</u> 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 <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) 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 <u>4.5</u> in. to <u>150</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>18</u> in., Weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u> 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 <u>150</u> ft. to <u>190</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>190</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ 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 <u>0</u> ft. to <u>20</u> 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 <u>None</u> Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	163	185	Fine to some med sand w/clay lenses
2	23	Loess	185	200	Yellow ochre/black shale
23	34	Caliche & clay w/sand strks			
34	51	Fine & med sand w/caliche strks			
51	83	Clay w/caliche strks			
83	120	Clay & caliche w/sand strks			
120	132	Clay & caliche w/sand lenses			
132	141	Fine to some med sand w/clay & caliche Strks			
141	163	Fine & med sand w/clay strks			
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) <u>2/25/12</u> . And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> . This Water Well Record was completed on (mo/day/year) <u>3-5-12</u> under the business name of <u>Woofter Pump & Well Inc.</u> by (signature) <u>[Signature]</u>					
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/785-688-4200 Fax

Water Well

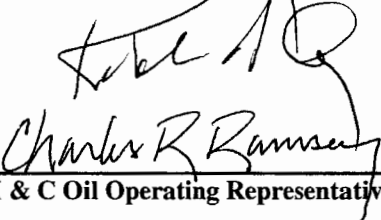
I, **Bob Day**, hereby after this date, **July 16, 2012** or
after H & C Oil Operating, Inc. moves off (well name) **Darlene Day 28-1** located in
Sec. 28 T. 6S R. 24W. County **Graham** State **Kansas** takes all and
full responsibilities of water well drilled in the NE/4 Sec. 29 T6S, R24W.

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

Signed: _____


Bob Day, Land Owner

Signed: _____


H & C Oil Operating Representative