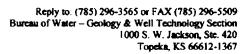


WATER	WELL	RECORD	Form '	WWC-5	135	2164	Divis	ion of Water	20170092	moss 1-15	
		Correction		ge in Well Use			Resou	rces App. No.		Well ID	
		WATER WEI	L:	Fraction			Secti	on Number	Township Numb		
Count	y: Sherida	n		NW ¼ NE ¼	SE !			15	T 7 S	R 28 □ E 🗷 W	
2 WELL				First:		Street or	Rura	l Address w	here well is located	(if unknown, distance and	
		Exploration				direction f	rom ne	arest town or in	tersection): If at owne	r's address, check here:	
Address: 539 N Carcancahua intersection of Hwy 23 & E Rd 70 N											
TV											
City: 3 LOCAT						<u> </u>		1		_	
WITH "				1PLETED W			ft.	5 Latitud	e: 39.447	(decimal degrees)	
	SECTION ROY. Depth(s) Groundwater Encountered: 1)										
N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
WELL'S STATIC WATER LEVEL: 208 ft. Source for Latitude/Longitude:											
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)										
NwX-	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.						• • • • • •		d Survey ☐ Topogr		
w											
"	Well water was ft.								ine wapper		
sw	SE	after	hours	s pumping				(FIL 4	2783		
		Estimated Y	′ield:5Ω	gpm	245					Ground Level TOC	
	S	Bore Hole I		8 in. to						GPS Topographic Map	
	nile			in. to .		ft.			Omer www.		
		O BE USED								Moss #1 15	
1. Domestic				ter Supply: we						ease Moss #1-15	
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
_											
□ Livestock 8. □ Monitoring: well ID 12. Geothermal: how many bores? 2. □ Irrigation 9. Environmental Remediation: well ID a) Closed Loop □ Horizontal [
3. Feedlo			Air Sparge			Extraction	, <u> </u>				
4. Indust	rial		Recovery								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted:											
Water well	disinfected	12 7 Vec 1	Nο					•	•		
8 TYPE	OF CASING	CIISED. DS	teel [7] PV	C D Other		C	STNI	G IOINTS:	7 Glued □ Clampa	d Welded Threaded	
Casing diam	eter 4.5	in to	205 n	Diameter	•••••	in to	топ 11	f Diamet	er in to	fr Weided Timeaded	
Casing heigh	ht above land	l surface	18 in	. Weight	2.3	38 lbs.	/ft.	Wall thickne	er in. to ess or gauge No237		
TYPE OF	SCREEN C	R PERFORA	ΓΙΟΝ ΜΑ΄	TERIAL:					os er gange rierititi		
☐ Steel		ninless Steel			PVC			☐ Other	(Specify)		
☐ Brass	☐ Ga	Ivanized Steel	☐ Conc	rete tile 🗀] None	used (open	hole)				
		RATION OPE									
	nuous Slot	☐ Mill Slot	□G	auze Wrapped	□ T	orch Cut	🗌 Dri	illed Holes [Other (Specify)		
Louve	ered Shutter	☐ Key Punc	ned 🗌 W	ire Wrapped	Z IS	aw Cut	☐ No	ne (Open Hol	e)		
SCREEN-I	PERFORA	TED INTERV	ALS: Fron	n . 2 95 ft. t	o . 44 5.	ft., Fro	om	ft. to .	ft., From	ft. to ft.	
GRAVEL PACK INTERVALS: From											
9 GROUI	' MATERI	AL: Neat	cement [Cement grout	Z B	entonite	Otl	her			
				ft., From	• • • • • • • • • • • • • • • • • • • •	. ft. to		ft., From	ft. to	ft.	
	-	ble contaminati	on: Lateral Line	Di	. D.:			:	□ It	:: 4. C4	
☐ Septic☐ Sewer			Cess Pool	s ∐Pii	t Privy	30007		ivestock Pens uel Storage		cide Storage oned Water Well	
□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Other (Specify)											
Direction fro	<u>om well?</u>	<u></u>	·····	Distance	from v	vell?			ft		
10 FROM	TO	I	ITHOLO	GIC LOG		FROM	Л	TO L	ITHO. LOG (cont.) or	PLUGGING INTERVALS	
0	2	surface									
2	20	loess									
20	60	clay w/calich									
60	82	fine & med s									
82	208	clay & calich	lay & caliche w/sand strks								
208	237	fine & med s	ne & med sand								
237	245	yellow ochre	ellow ochre/black shale								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .04/14/2017 and this record is true to the best of my knowledge and belief.											
under my j	urisdiction	and was comp	leted on (ŋ	no-day-year) .	.04/14/	20.17	and th	nis record is	true to the best of m	y knowledge and belief.	
Kansas Wa	ter Well Co	ontractor's Lic	ense No. 🤇	501	This W	ater Well	Reco	rd was comp	oleted on (mo-day-y	ear) .V414.214V.1/	
under the b	ousiness nar	ne of .vvQQIIQ	C.C.UJID. A	COLXYEU, JUST	nd ==+=:-	one for		do Espotés A	0 for each constructed w	all	
KS Denarti	ment of Health	senu one copy t and Environment	∪ w A.IEK W L Bureau of \	Water, Geology S	nu retair Section. 1	i one for you 1000 SW Jac	kson S	us. 1 ee 01 \$5.0 t., Suite 420. To	opeka, Kansas 66612-13	67. Telephone 785-296-3565.	
_	KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										





WWC-7

db 4/2016

c/water well section/forms/

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Mitchell Moss	of	1400 Queen Avenue
		(Landowner's address)
Hoxie. Kansas (City) (State		ne landowner on which a water well is located in the
NW quarter of the NE	quarter of the _s	se quarter of the NW quarter of Section 15,
Township 7 S, Range 2	28 E/ W inSher	County, Kansas which is approximately
1385 feet north/south a	and 2072 feet @	ast/west of the apparent section corner.
The water well was drilled in	n April 2017	(month/year).
I hereby request thatSuem	aur E&P, LLC (Well opera	leave the water well, ator/owner name)
which was drilled under To	emporary/Term Wa	ter Permit # 20170092 , unplugged, and I will
assume all responsibility for	the plugging of sai	id water well in accordance with the requirements of the
Kansas Department of Health	h and Environment r	regulation K.A.R. 28-30-7.
LANDOWNER:	18/19	ator/owner name) Inter Permit # 20170092 , unplugged, and I will Indicated with the requirements of the regulation K.A.R. 28-30-7. WELL OWNER: WELL OWNER: (Signature)
(Signature)	(Date)	(Signature) (Date)
(Signature) M. Febell Moss, N (Print)	16-	By: Andrew B. Grubb. P.E. Vice-President (Agent)
IF ADDITIONAL LANDOW	VNER	
(Signature)	(Date)	
(Print)		