

Please sign and return

COPY

Reply to: (785) 296-3565 FAX (785) 296-5509
Bureau of Water - Geology Section
1000 S. W. Jackson, Ste. 420
Topeka, KS 66612-1367



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Joan E. Porsch & Kathy E. Porsch of PO Box 187
(Landowner's address)

Goodland Kansas 67735 am the landowner on which a water well is located in
(City) (State) (Zip)
the SW quarter of the SW quarter of the NE quarter in Section 3, Township 7S,
Range 29 E W, in Sheridan County, Kansas which is approxi-
mately 2,310 feet north/~~south~~ and 2,310 feet east/~~west~~ of the apparent NE
section corner. The water well was drilled in July, 2009 (month/year).

I hereby request that McCoy Petroleum Corporation leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20090182 00, unplugged, and I will
assume all responsibility for the plugging of said water well in accordance with the requirements
of the Kansas Department of Health and Environment regulation K.A.R. 28-30-7.

LANDOWNER:

Joan E Porsch
(Signature) (Date)

JOAN E PORSCH
(Print)

OPERATOR:

Nicholas D Hess 3/4/2010
(Signature) (Date)

By: Nicholas D. Hess
(Agent) McCoy Petroleum Corp.
Land Manager

IF ADDITIONAL LANDOWNER

Kathy E Porsch
(Signature) (Date)

Kathy E Porsch
(Print)

RECEIVED

MAR 16 2010

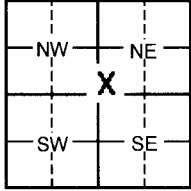

BUREAU OF WATER

Returned
3/15/10

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090182

1 LOCATION OF WATER WELL: County: Sheridan		Fraction ¼ SE ¼ SW ¼ NE ¼	Section Number 3	Township Number T 7 S	Range Number R 29 <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: Joan Porsch RR#, St. Address, Box # : PO Box 187 City, State, ZIP Code : Goodland, KS 67735					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:  N W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL _____ 170 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 130 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 130 ft. to 170 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 170 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 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	101	106	Caliche
2	31	Fine sand w/caliche lenses	106	126	Fine sand w/clay & caliche strks
31	35	Fine sand w/caliche & clay lenses	126	141	Fine & med sand w/clay strks & caliche lenses
35	37	Caliche	141	165	Fine & med sand w/traces if clay & caliche
37	46	Fine sand w/clay & caliche strks	165	175	Yellow ochre/black shale
46	56	Fine & med sand w/traces if clay & caliche			
56	68	Caliche & clay w/sand strks			
68	80	Fine & Med sand w/clay & caliche strks			
80	96	Caliche w/sand strks			
96	101	Fine & med sand w/caliche lenses			
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) 7/02/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) _____ under the business name of Wooffer 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 .					