

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

15-193-20926-(

Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Thomas	Fraction NW¼ NE¼ SE¼ SE¼	Section Number 36	Township Number T 7 S	Range Number R 34 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: Business: Midwest Energy Address: PO Box 766 City: Colby State: KS ZIP: 67701	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> Colby Catholic 14-1
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N W E S -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 205 ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: ..... 18 ..... in. to ..... 205 ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... 39.3976 ..... (decimal degrees) <b>Longitude:</b> ..... 101.0564 ..... (decimal degrees) Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
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**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. Irrigation	3. Feedlot	4. Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	11. Test Hole: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input checked="" type="checkbox"/> Other (specify): Cathodic Well Permit from KCC.
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Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... 12 ..... in. to ..... 40 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... 0 ..... in. Weight ..... 10.310 ..... lbs./ft. Wall thickness or gauge No. 593 .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....

Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) none .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From 0 ..... ft. to 0 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 0 ..... ft. to 40 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 0 ..... ft. to 40 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 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 from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface	168	183	caliche & clay w/sand lenses
2	25	loess	183	191	fine to some med sand w/clay & caliche strk
25	37	clay & caliche w/traces of sand	191	205	caliche & clay w/sand lenses
37	40	clay & caliche w/sand strks			
40	46	fine & med sand & gravel w/clay & caliche			
46	65	clay & caliche w/sand strks			
65	72	fine & med sand & gravel w/clay & caliche			
72	110	clay & caliche w/sand strks			
110	168	fine to some med sand w/clay & caliche st			

**Notes:**

**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) 09/22/2014 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 881 ..... This Water Well Record was completed on (mo-day-year) 10/06/2014 ..... under the business name of Woofert Pump and Well, Inc.



For KCC Use:
Effective Date: 07/12/2014
District # 4
SGA? Yes No

KANSAS CORPORATION COMMISSION 1212041
OIL & GAS CONSERVATION DIVISION

Form CB-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

CATHODIC PROTECTION BOREHOLE INTENT

Must be approved by the KCC sixty (60) days prior to commencing well.
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: 9/1/2014
month day year

OPERATOR: License# 31089
Name: Midwest Energy, Inc.
Address 1: PO BOX 898
Address 2:
City: HAYS State: KS Zip: 67601 + 0898
Contact Person: Chad Niemeyer
Phone: 785-625-3437

CONTRACTOR: License# 554
Name: Jay C. Woofert Pump & Well, Inc.
Type Drilling Equipment: Mud Rotary Cable Air Rotary Other

Construction Features
Length of Cathodic Surface (Non-Metallic) Casing
Planned to be set: 20 feet
Length of Conductor pipe (if any): 0 feet
Surface casing borehole size: 14 inches
Cathodic surface casing size: 8 1/2 inches
Cathodic surface casing centralizers set at depths of: 5 ; 15 ;
Cathodic surface casing will terminate at:
Below Surface Vault
Pitless casing adaptor will be used: No Depth 0 feet
Anode installation depths are: 80 ; 90 ; 100 ; 110 ; 120 ; 130 ; 140 ; 150 ; 160 ; 170 ; 180 ; 190 ; 200 ;

Spot Description:
NW NE SE SE Sec. 38 Twp. 7 S. R. 34 E W
1169 feet from N / S Line of Section
638 feet from E / W Line of Section

Is SECTION: Regular Irregular
(Check directions from nearest outside corner boundaries)

County: Thomas
Facility Name: Colby Catholic
Borehole Number: 14-1
Ground Surface Elevation: 3162 Estimated MSL
Cathodic Borehole Total Depth: 200 feet
Depth to Bedrock: feet

Water Information
Aquifer Penetration: None Single Multiple
Depth to bottom of fresh water: 220
Depth to bottom of usable water: 220
Water well within one-quarter mile: Yes No
Public water supply well within one mile: Yes No
Water Source for Drilling Operations: Well Farm Pond Stream Other

Water Well Location: N/A
DWR Permit # Apply if needed.
Standard Dimension Ratio (SDR) is = 26
(Cathodic surface csg. O.D. in inches / MWT in inches = SDR)
Annular space between borehole and casing will be grouted with:
Concrete Neat Cement Bentonite Cement Bentonite Clay
Anode vent pipe will be set at: 3 feet above surface
Anode conductor (backfill) material TYPE: Loresco RS3
Depth of BASE of Backfill installation material: 200
Depth of TOP of Backfill installation material: 50
Borehole will be Pre-Plugged? Yes No

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate District office prior to spudding and again before plugging the well. An agreement between the operator and the District Office on plugs and placement is necessary prior to plugging. In all cases, notify District Office prior to any grouting.
2. Notify appropriate District Office 48 hours prior to workover or re-entry.
3. A copy of the approved notice of Intent to drill shall be posted on each drilling rig.
4. The minimum amount of cathodic surface casing as specified below shall be set by grouting to the top when the cathodic surface casing is set.
5. File all required forms: a. File Drill Pit Application (form CDP-1) with Intent to Drill (form CB-1). b. File Certification of Compliance with Kansas Surface Owner Notification Act (form KSONA-1) with Cathodic Protection Borehole Intent (CB-1) c. File Completion Form (ACO-1) within 30 days from spud date. d. Submit plugging report (CP-4) within 30 days after final plugging is completed.

Submitted Electronically

For KCC Use ONLY
API # 15-153-20826-00-00
Conductor pipe required 0 feet
Minimum Cathodic Surface Casing Required: 20 feet
Approved by: Rick Hestermann 07/07/2014
This authorization expires: 07/07/2015
(This authorization void if drilling not started within 12 months of approval date.)
Spud date: Agent:

If this permit has expired or will not be drilled, check a box below, sign, date and return to the address below.

Permit Expired Well Not Drilled

Date Signature of Operator or Agent

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