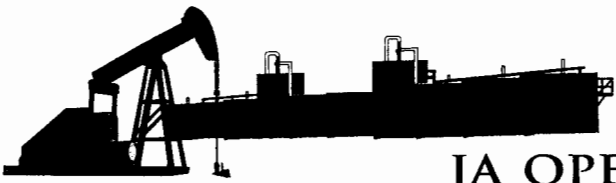


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 2009 03 67

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Sheridan		¼ NW ¼ SE ¼ NE ¼		29	8 S	R 27 <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"/> . 7 miles from Hoxie				Global Positioning System (GPS) information:		
2 WATER WELL OWNER: Tom Jamison RR#, St. Address, Box # : Rt. 2 City, State, ZIP Code : Hoxie, Ks 67740				Latitude: _____ (in decimal degrees)		
				Longitude: _____ (in decimal degrees)		
3 LOCATE WELL WITH AN "X" IN SECTION BOX:				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		
4 DEPTH OF COMPLETED WELL		120 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 80 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 80 ft. to 120 ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 120 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	102	112	Fine to some med sand w/clay strks	
2	20	Loess	112	130	Yellow ochre/blackshale	
20	25	Fine to med sand w/clay & caliche				
25	36	Clay & caliche w/fine sand strks				
36	40	Clay				
40	46	Fine to med sand w/clay strks				
46	66	Clay & caliche w/sand lenses				
66	83	Fine sand w/clay & caliche strks				
83	85	Caliche				
85	102	Clay w/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>12-10-2009</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>12-17-2009</u> under the business name of Woofter Pump & Well Inc. by (signature) <u>Jay C. Woofter</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 .						



IA OPERATING, INC.

9915 West 21st Street, Suite B • Wichita, Kansas 67205

(316) 721-0036 • (866) 892-0036 • Fax (316) 721-0047

July 28, 2010

COPY

Mr. Richard Harper, LG
Kansas Dept. of Health & Environment
Curtis State Office Building
1000 SW Jackson Street , Suite 420
Topeka, Kansas 6612-1367

RE: Appropriation of Water, Application Number 20090367 00

Dear Mr. Harper,

Enclosed please find a copy of the **Assignment of Water Well to Landowner**, which has been executed by Mr. Jamison the landowner and IA Operating, Inc.

Should you have questions or need additional information, please feel free to call me at the above number or my cell phone 660-425-4749. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Robert D. Swann".

Robert D. Swann
Vice President

Cc: File & Correspondence

RECEIVED
JUL 29 2010
BUREAU OF WATER



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

COPY

I, Tom Jamison of Route #2
(Landowner's address)

Hoxie Ks. 67740 am the landowner on which a water well is located in
(City) (State) (Zip)
the NW quarter of the SE quarter of the NE quarter in Section 29, Township 8S,
Range 27 E W, in Sheridan County, Kansas which is approxi-
mately 1650 feet north/~~south~~, and 1050 feet east/~~west~~ of the ~~apparent~~ Section 27
~~section corner~~. The water well was drilled in December 2009 (month/year).

I hereby request that IA Operating, Inc. leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20090367 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:

Tom Jamison 7-24-10
(Signature) (Date)

Tom Jamison
(Print)

OPERATOR:

Robt DeLeon
(Signature) (Date)

By: IA Operating, Inc.
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)