WATER WELL RECORD Form WWC-5 KSA 82a-1212

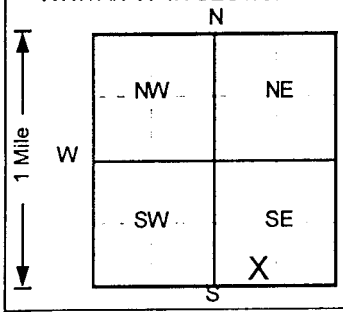
1 LOCATION OF WATER WELL: County: Montgomery	Fraction: SE ¼ SW ¼ SE ¼	Section Number: 25	Township Number: T 34 S	Range Number: R 16 (E) W

Distance and direction from nearest town or city street address of well if located within city?
400 N. Linden, Coffeyville, Kansas

2 WATER WELL OWNER: Farmland Industries, Inc.
RR#, St. Address, Box # : P.O. Box 570
City, State, ZIP Code : Coffeyville, Kansas 67337-0570

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL ..... 21 ..... ft. ELEVATION: ..... 726.13 .....
Depth(s) Groundwater Encountered 1. ..... 999 ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL .... 999 .... ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was .... NA .... ft. after ..... hours pumping ..... gpm
Est. Yield .. NA... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... 8 .... in. to ..... 21.5 ..... ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? Yes.....No ✓.....; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes No ✓

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded ✓.....
Blank casing diameter ..... 2 ..... in. to ..... 6 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... 29.88 ..... in., weight ..... Sch 40 ..... lbs./ft. Wall thickness or gauge No. .....
TYPE OF SCREEN OR PERFORATION MATERIAL (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... 6 ..... ft. to ..... 21 ..... ft., From ..... ft. to ..... ft
From ..... ft. to ..... ft., From ..... ft. to ..... ft
GRAVEL PACK INTERVALS: From ..... 4 ..... ft. to ..... 21 ..... ft., From ..... ft. to ..... ft
From ..... ft. to ..... ft., From ..... ft. to ..... ft

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite 4 Other .....
Grout Intervals: From ..... 0 ..... ft. to ..... 1 ..... ft., From ..... 1 ..... ft. to ..... 4 ..... ft., From ..... ft. to ..... ft
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage (16) Other (specify below)
13 Insecticide storage ... Refinery .....
Direction from well? How many feet? 0

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Gravel,			
2	4.5	Silty Clay, Very Dark Brown			
4.5	5.5	Clayey Silt, Gray/Brown			
5.5	8.5	Silty Clay, Gray/Orange Brown			
8.5	20	Clayey Silt, Blue Gray/Brown			
20	21.5	Gravel,			
					RMW 165 , Tag # , Aboveground
					Project Name: Farmland Refinery - Coffeyville
					GeoCore # 255 , #

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... 7/21/97 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 527 ..... This Water Well Record was completed on (mo/day/yr) ..... 8/19/97 ..... under the business name of GeoCore Services, Inc. by (signature) Dale Robl

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼