1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number	GSI JUB #0071	32		WATER W	FIL RECO	RD For	n WWC-5	KSA	822-1	212 IF	No.			KIVIVV-	170A
County-	1 LOCATION OF W	ATER WELL:			ELL RECOF	ND FOII				,		mber	Ra	nge Numb	per
Distance and direction from nearest town or oily street address of well if located within city? AND N. Linden F. Coffeyville, 85 or 337-1800 2] WATER WELL OWNER: COffeyville Resources Refining and Marketing LLC RRS, 81 Address, 80x = 1.0 Cambridge Circle, 5 Star. 250 City, Stata, 2P Code State S	County: Mo	ontgomery	SE	1/4 N	۱W %	SE	1/4	25		T	345	s		40	
2] WATER WELL OWNER: Coffey Ville Resources Refining and Marketing LLC RM, Stack park # 10 Cambridge Circle, Ste. 250 RM, Stack park # 10 Cambridge Circle, Ste. 250 RM, Stack park # 10 Cambridge Circle, Ste. 250 RM, Stack park # 10 Cambridge Circle, Ste. 250 RM, Stack park park # 10 Cambridge Circle, Ste. 250 RM, Stack park park park park park park park par	Distance and direction	n from nearest	town or city stre	eet addres			thin city?								
RRM, SLANDERS CITY, KS 66103 Common															
CIR), State, ZIP Code							Marketin	ig LL	.C						
3 DOEPTH OF COMPLETED WELL 24.9 ft. ELEVATION: 715.68 TOC Depths) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 ft. 1 goals and the work of the complete states and the complete											-		vision of \	Nater Res	ources
Depth(a) Groundwater Encountered 2.3 1. Depth(a) Groundwater Encountered 2.3 1. Depth(a) Groundwater Encountered 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	City, State, ZIP Code	: Kan	sas City, K	5 66103	<u> </u>					Appl	ication Nu	mber:			
Depthic Groundwater Encountered 1	3 AN "X" IN SECTION	ON BOX:	TO 4 DEPTH	OF COM	PLETED W	ELL.	24.	9 ft.	ELE\	VATION:		71	5.68 T	OC	
Pump test data: Well water was fi. after hours pumping gom gom what was fi. after hours pumping gom gom what was fi. after hours pumping gom gom should water supply and fi. gom what was fi. after hours pumping gom gom should shoul	T														ft.
Pump test data: Well water was fi. after hours pumping gom gom what was fi. after hours pumping gom gom what was fi. after hours pumping gom gom should water supply and fi. gom what was fi. after hours pumping gom gom should shoul	1		WELL'S ST	TATIC WA	TER LEVE	L	ft.	below	iand s	surface m	easured o	n mo/dav	/vr		
Est. Yield gm: Well water was ft. after hours pumping gm bore hole Diameter 8 in. to 5.25 ft. and conditioning 11 in to ft. 1 to 5.3 ft. 1 Domestic 3 Feed to 1 to 0 the ft. 2 ft. and conditioning will water was a chemical/bacteriological sample submitted to Department? Yes		1													apm r
Bore Hole Diameter 8 in. to 25 ft. and in. to 6 line to 10 per lin	₩ W	<u> </u>	E Est Yield		apm: W	ell water v	was		f	ft after		hours	numnina		anm F
S 2 Indigation 4 Industrial 7 Lawn and garden (chorestic) 10 Monitoring well was a chemical/bacteriological sample submitted to Department? Yes No X My Sample was submitted Water Well Deinfected? Yes No X Water Well Deinfected? Yes No No X Wat	7	1 1	Bore Hole	Diameter	8	in. to	2	5	'	ft. and			n. to		ft.
S 2 Indigation 4 Industrial 7 Lawn and garden (chorestic) 10 Monitoring well was a chemical/bacteriological sample submitted to Department? Yes No X My Sample was submitted Water Well Deinfected? Yes No X Water Well Deinfected? Yes No No X Wat	sw	-∤ × <u>`</u> :	WELL WA	TER TO B	E USED AS	3: 5 Pul	blic water s	upply		8 A	ir condition	ing	11 Inject	ion well	\\ [
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, modisylyr sample was submitted water Wall beinfected? Yes No X If yes, modisylyr sample was submitted by Water Wall beinfected? Yes No X If yes, modisylyr sample was submitted by Water Wall beinfected? Yes No X If yes, modisylyr sample was water was a completed by Water Wall beinfected? Yes No X If yes, modisylyr sample was water was a completed by Water Wall beinfected? Yes No X If yes, modisylyr sample was water was a completed on (modisylyr) and yes not yet was a completed on (modisylyr) and yet water was a completed on (modisylyr) and this was and drief water was and this kecord is true/gly to best of my knowledge and beliff. Kansas water W	1 1 :	1 : 1	1 Doi	mestic 3	Feed lot	6 Oil	field water	supply	,	9 D	ewatering		12 Other	(Specify t	below)
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, ordingly/yes ample was submitted Water Well Disinfector? Yes No X	٧ <u>ا ن</u>			-			-	,							
Street S		J	Was a che	micai/bact	eriological s	sample su	bmitted to I	Depart	ment?	Yes	No X	If yes	s, mo/day	//yr sample	e was
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Flush															
2 PVC	5 TYPE OF BLANK	CASING USE	D:								SING JOIN	TS: Glue	ed	Clampe	ed
Blank casing diameter 2 in. to 19.9 ft. Dia in. to ft. Casing height above land surface 36 in., weight 0.703 ibs.nt. Wall thickness or gauge No. SCH. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 Screen State 14 Key punched 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 Screen State 14 Key punched 6 Concrete tile 9 ABS 12 None used (open hole) 12 Courtered shutter 4 Key punched 7 Torch cut 10 Other (specify) 11 Other (specify) 12 Courtered shutter 4 Key punched 7 Torch cut 10 Other (specify) 13 Screen	1 Steel	3 RM	MP (SR)	6	Asbestos-	-Cement	9 Other	(speci	fy belo	w)		Wel	ded		
Blank casing diameter 2 in. to 19.9 ft. Dia in. to ft. Casing height above land surface 36 in., weight 0.703 ibs.nt. Wall thickness or gauge No. SCH. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 Screen State 14 Key punched 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 Screen State 14 Key punched 6 Concrete tile 9 ABS 12 None used (open hole) 12 Courtered shutter 4 Key punched 7 Torch cut 10 Other (specify) 11 Other (specify) 12 Courtered shutter 4 Key punched 7 Torch cut 10 Other (specify) 13 Screen	2 PVC	4 AE	BS .			_						Threa	aded	Flus	h
Casing height above land surface 36 in , weight 0.703 bb.nt. Wall thickness or gauge No. SCH. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 8 Saw out 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 3 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw out 11 None (open hole) 3 SCREEN-PERFORATED INTERVALS: From 19.9 ft. to 24.9 ft. From ft. to ft. From	Blank casing diameter	er 2	in. to	19.9	ft., Dia		in. 1	to		ft., Di	a		in. to		ft.
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Sleel 3 Stalinless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Continuous slot 3 Mill slot 6 Wire wrapped 9 Difful holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 3 CREEN-PERFORATED INTERVALS: From 19.9 ft. to 24.9 ft. From ft. to ft. F	Casing height above	land surface	36	in., \	weight	0	.703		lbs./ft.	Wall this	ckness or	auge No		SCH. 4	0
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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 19.9 ft. to 24.9 ft. From ft. to ft. From ft. From ft. to ft. From ft. From ft. From ft. From ft. From ft.	2 Brass	4 Ga	alvanized steel	6	Concrete	tile					12 None	used (or	en hole)		•
2 Louvered shutter	SCREEN OR PERFO	DRATION OPE	NINGS ARE:										11 No	ne (open	hole)
SCREEN-PERFORATED INTERVALS: From 19.9 ft. to 24.9 ft. From ft. to ft. From ft. From ft. From ft. To ft. From ft. To ft. From ft. From ft. From ft. From ft. From ft. From ft. To ft. From	1 Continuous														
From	2 Louvered sh	utter	• •							10 Ot	her (speci	fy)		-	
GRAVEL PACK INTERVALS: From 17.5 ft. to 25 ft. From ft. to ft. It. It. From ft. to ft. It. From ft. to ft. It. From ft. to ft. It. It. From ft. to ft. It. From ft. It. From ft. to ft. It. From ft. It. From ft. It. From ft. to ft. It. From	SCREEN-PERFORA	TED INTERVA	LS: From	19.9	9 ft. 1	to	24.9	-	ft. I	From		ft.	to		ft.
From ft. to ft. GROUT MATERIAL: I Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals From 2 ft. to 15 ft. From 15 ft. to 17.5 ft. From ft. to ft. What is the nearest source of possible contamination: I Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 24.8 Silty Clay 24.8 25 Weathered Shale 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/daylyr) 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/daylyr) 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/daylyr) 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/daylyr) 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/daylyr) 8/8/10/10/10/10/10/10/10/10/10/10/10/10/10/					ft. 1	to			ft.	From		ft.	to		ft.
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24.8 25 Weathered Shale 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/yr) 7 T/27/06 and this record is true (d) the best of my knowledge and belief. Kansas water Well Contractor's License No. Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW		CODE	11	THOI OG	CLOG		FROM			reet?	PII	IGGING	INTERV	ALS	
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INDURING: Please till in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							b	y (sign	ature)		Mas	~ 0	-	<u> </u>	10.0141
	Jackson St., Ste	o riease till in b . 420, Topeka, K	nanks and circle t ansas 66612-136	me correct a 37. Telepho	answers. Se one: 913-296	ena three co 6-5545. Se	opies to Kan and one to W	sas De /ATER	partme WELL	OWNER	ιτη and Env and retain (ironment, one for you	Bureau of Ir records	vvater, 100	00 2 W