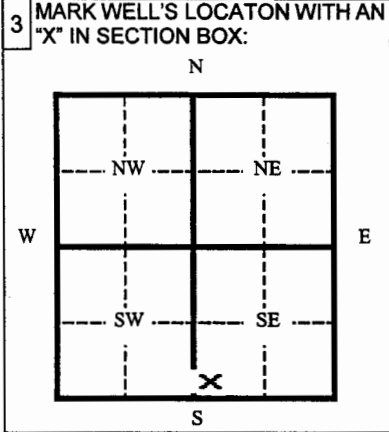


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	SW ¼ SW ¼ SE ¼	31	34S	16E

Distance and direction from nearest town or city street address of well if located within city?
Coffeyville Resources Refining – 400 N. Linden St. – Coffeyville, KS 67337-1900

2 WATER WELL OWNER: Coffeyville Resources Refining and Marketing LLC	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 10 Cambridge Circle, Ste. 250	Application Number:
City, State, ZIP Code: Kansas City, KS 66103	



4 DEPTH OF WELL	16.5	ft.	
WELL'S STATIC WATER LEVEL	10.5	ft.	
WELL WAS USED AS:			
1 Domestic	5 Public Water Supply	9 Dewatering	
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	
4 Industrial	8 Air Conditioning	12 Other	
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:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? **Yes** No If yes, how much **19.19**

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement **2 Cement grout** 3 Bentonite 4 Other

Grout Plug Intervals From **19** ft. to **3** ft. From **3** ft. to **0** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/ Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	- 3		Bentonite Chips
- 3	- 19		Portland Bentonite Grout
			Overdrilled to 19 feet

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **5/3/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **7/21/06** under the business name of **Geotechnical Services Inc.**

by (signature) *[Signature]*

INSTRUCTIONS: Please fill 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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.