

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	NE ¼ NW ¼ NE ¼	36	T 34 S	R 16 E

Distance and direction from nearest town or city street address of well if located within city?

400 N. Linden, Coffeyville

2 WATER WELL OWNER: **Coffeyville Resources Refining and Marketing, LLC**

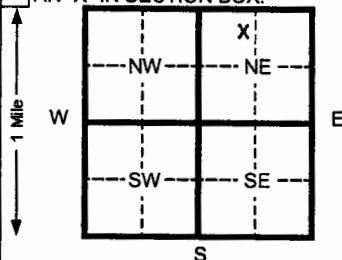
RR#, St. Address, Box # : **400 N. Linden St.**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Coffeyville, KS 67337**

Application Number:

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



4 DEPTH OF COMPLETED WELL

19 ft. ELEVATION: **729.16 (TOC)**

Depth(s) Groundwater Encountered 1 **9** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **8.67** ft. below land surface measured on mo/day/yr **08/23/07**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8.25** in. to **20** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

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 _____ Flush _____

Blank casing diameter **2** in. to **9** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **35** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____

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 **9** ft. to **19** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **7** ft. to **20** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ 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 **Concrete**

Grout intervals From **7** 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 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)

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3.5	GC	Clayey Gravel Fill			
3.5	18.5	CL	Clay, black to gray, silty			
18.5	19.5	SW	Sand, fine grained			
19.5	20	CL	Clay, with some silt and sand			

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) **09/12/07** 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) **09/26/07**

under the business name of **Geotechnical Services Inc.** by (signature) *David G. Wet*

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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