

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	NE ¼ NE 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 Refinery - Coffeyville

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

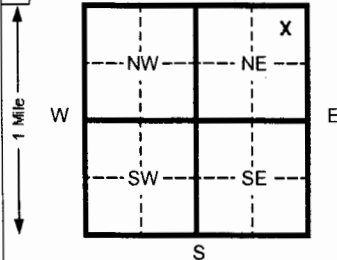
RR#, St. Address, Box # : **400 N. Linden**

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 **24** ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL _____ 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

Bore Hole Diameter **12** in. to **17.5** ft. and **8** in. to **24** 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:

- 1 Steel
- 2 PVC
- 3 RMP (SR)
- 4 ABS

- 5 Wrought Iron
 - 6 Asbestos-Cement
 - 7 Fiberglass
 - 8 Concrete tile
 - 9 Other (specify below)
- CASING JOINTS: Glued Clamped Welded Threaded Flush

Blank casing diameter _____ 6 in. to **17.5 (Steel)** ft., Dia _____ 2 in. to **19 (PVC)** ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ **30 (PVC)** in., weight _____ **0.703** lbs./ft. Wall thickness or gauge No. _____ **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

- 1 Steel
- 2 Brass
- 3 Stainless steel
- 4 Galvanized steel
- 5 Fiberglass
- 6 Concrete tile
- 7 PVC
- 8 RMP (SR)
- 9 ABS
- 10 Asbestos-cement
- 11 Other (specify)
- 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

- 1 Continuous slot
- 2 Louvered shutter
- 3 Mill slot
- 4 Key punched
- 5 Gauzed wrapped
- 6 Wire wrapped
- 7 Torch cut
- 8 Saw cut
- 9 Drilled holes
- 10 Other (specify)
- 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From _____ **19** ft. to _____ **24** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ **17.5** ft. to _____ **24** 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

Grout intervals From _____ **1** ft. to _____ **17.5 (outer)** ft. From _____ **1** ft. to _____ **17.5 (inner)** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	GW	Gravel with Sand, light gray, some sand and silt, fill			
2	5	CL	Silty Clay, black, little silt, trace gravel			
5	8	CL-CH	Silty Clay, gray, with yellow brown mottles, little silt			
8	15	SC-SM	Silty Sand with Clay, gray, with yellow brown mottles			
15	17	SP-SM	Sand with Silt, yellow brown, fine grained			
17	17.5		Weathered Limestone, light gray			
17.5	24		Limestone, light gray			

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) _____ **04/01/08** _____ 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) _____ **05/09/08**

under the business name of _____ **Geotechnical Services Inc.**

by (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 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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