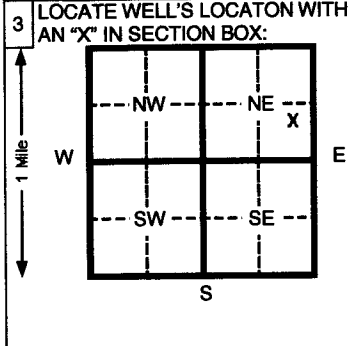


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery		NE ¼ SE ¼ NE ¼	36	T 34 S	R 16 E

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

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



4 DEPTH OF COMPLETED WELL **15** ft. ELEVATION: **724.37 (TOC)**
 Depth(s) Groundwater Encountered 1 **10** 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 **8** in. to **15** 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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Threaded Flush

Blank casing diameter **2** in. to **5** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **36** 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:			9 ABS	12 None used (open hole)
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **5** ft. to **15** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **4** ft. to **15** ft. From _____ ft. to _____ ft.

T
R

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
---------------	----------------	--------------------	---------------

Grout Intervals From **1** ft. to **4** ft. From _____ ft. to _____ 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

Direction from well?		How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG	PLUGGING INTERVALS
0	2		Fill, Gravel with sand, poorly graded, light gray, little silt	
2	5		Clay, black to dark gray, little gravel	
5	7.5		Silty Clay, gray, yellow-brown mottling	
7.5	15		Silty Clay with sand, gray, yellow-brown mottling	

GPS:
Latitude: 37.046241
Longitude: -95.602878

SEC

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) **05/02/06** 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) **05/18/12** 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.