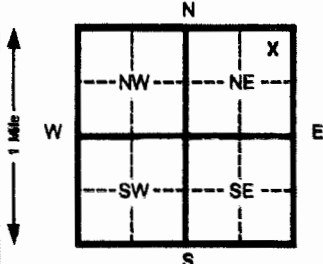
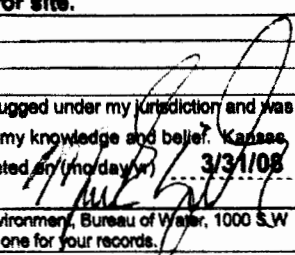


1 LOCATION OF WATER WELL: County: Montgomery		Fraction NE ¼ NE ¼ NE ¼	Section Number 18	Township Number T 34 S	Range Number R 17 EW
Distance and direction from nearest town or city street address of well if located within city? 1020 W. Sycamore, Coffeyville, KS 67301					
2 WATER WELL OWNER: Crescent Oil Co. RR#, St. Address, Box # : P.O. Box 667 City, State, ZIP Code : Independence, Kansas 67301 Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 20.0 ft. ELEVATION: Depth(s) Groundwater Encountered 1 13.75 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 11.55 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.625 in. to 20.0 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) <input checked="" type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> Blank casing diameter 2.375 in. to 10.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 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 10 Other (specify) _____ 7 Torch cut SCREEN-PERFORATED INTERVALS: From 20.0 ft. to 10.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20.0 ft. to 9.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 9.0 ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon <input checked="" type="checkbox"/> 11 Fuel storage (former) 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? NA How many feet? 0					
FROM		TO		CODE	
0.0		0.5		Gravel cover ¼ inch with imbedded silty clay	
0.5		4.0		Brown very silty clay, fat, stiff	
4.0		8.0		Brown silty clay, fat, stiff, moist	
8.0		9.5		Red Brown very silty clay without hydrocarbon odor	
9.5		14.0		Red Brown very silty clay without odor	
14.0		20.0		Red Brown silty clay, moist	
Flush-mount well completion waiver existent for site.					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/yr) 03/19/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 3/31/08 under the business name of Quad State 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.					

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