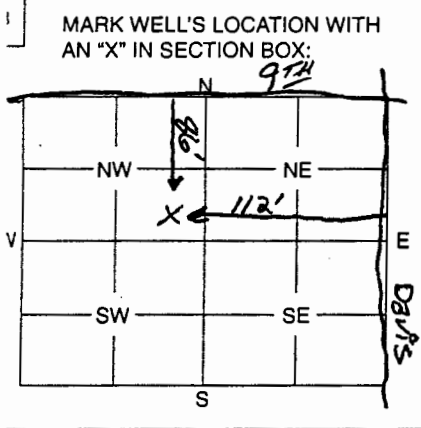


LOCATION OF WATER WELL: County: Montgomery	Fraction NW NE NE 1/4 1/4 1/4	Section Number	Township Number	Range Number
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Distance and direction from nearest town or city street address of well if located within city?
Coffeyville Resources Refining + Marketing LLC
Coffeyville, KS

WATER WELL OWNER:
 RR #, St. Address, Box #: **713 E 9TH**
 City, State, ZIP Code: **Coffeyville, KS**
 Board of Agriculture, Division of Water Resources
 Application Number: _____



DEPTH OF WELL **13** ft. **3' diameter**
 WELL'S STATIC WATER LEVEL **12** 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 Domestic (Lawn & Garden) 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 _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) **ROCK**
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **3'** in. Was casing pulled? Yes No _____ If yes, how much **Full depth**
 Casing height above or below land surface _____ in.

GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Flowable Fill**
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ 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) **CISTERN**
 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? **WPST** How many feet? **150'**

FROM	TO	PLUGGING MATERIALS
13'	12'	CHLORINATED Gravel
3'6"	3'	Flowable Fill
12'	3'6"	Native Soil
3'	0	Native Soil

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12-6-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) **[Signature]**

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson, Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.