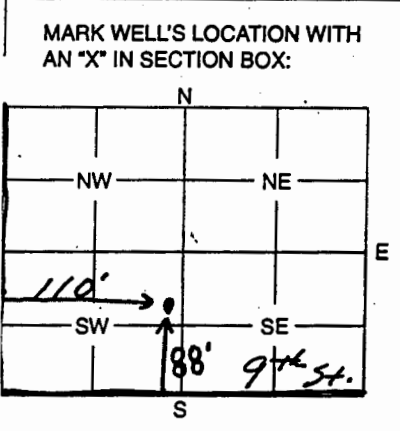


|  |                                      |                |                 |              |
|--|--------------------------------------|----------------|-----------------|--------------|
| LOCATION OF WATER WELL:<br>County: <u>Montgomery</u> | Fraction<br><u>NW NE NE</u><br>¼ ¼ ¼ | Section Number | Township Number | Range Number |
|--|--------------------------------------|----------------|-----------------|--------------|

Distance and direction from nearest town or city street address of well if located within city?  
Cottleville Resources Refining & Marketing LLC

WATER WELL OWNER: Cottleville, Ks.  
 RR #, St. Address, Box #: 704 E 9th  
 City, State, ZIP Code: \_\_\_\_\_  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 15' ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 14' ..... ft.

WELL WAS USED AS:

|   |                            |                    |
|---|----------------------------|--------------------|
| <input checked="" type="radio"/> 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    | <input checked="" type="radio"/> Other (Specify below) |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | <u>Brick</u>   |

Blank casing diameter ..... 4' ..... in. Was casing pulled? Yes  No .....  
 Casing height above or below land surface ..... in. If yes, how much Full Depth

GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite  Other ..... Flowable Fill .....

Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | 16 Other (specify below) |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | <u>Cistern</u>           |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  | <u>706 E 9th</u>         |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well |                          |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    |                          |

Direction from well? ..... East North ..... How many feet? ..... 40' .....

| FROM        | TO           | PLUGGING MATERIALS        |
|-------------|--------------|---------------------------|
| <u>15'</u>  | <u>14'</u>   | <u>Chlorinated Gravel</u> |
| <u>14'</u>  | <u>3'6"</u>  | <u>Native Soil / Clay</u> |
| <u>3'6"</u> | <u>3'</u>    | <u>Flowable Fill</u>      |
| <u>3'</u>   | <u>Grade</u> | <u>Native Soil / Clay</u> |
|             |              |                           |
|             |              |                           |

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 12/20/2007 ..... 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) .....  
 by (signature) ..... [Signature] ..... under the business name of .....

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.