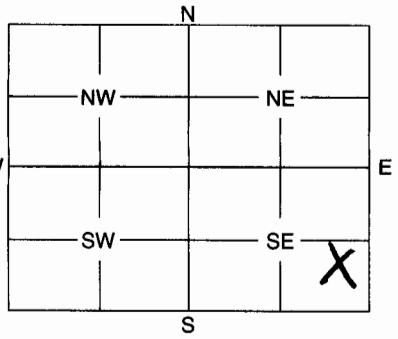
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO._____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	NE ¼ SE ¼ SE ¼	6	25	13 E/W

Distance and direction from nearest town or city street address of well if located within city?
1½ south of St. John on 281 Hwy. [redacted] to Shop Sign. Then ¼ South 2 West 3/4 NW In to.

2 WATER WELL OWNER: Gray-X- LLC.
RR #, St. Address, Box #: PO Box 32
City, State, ZIP Code : Kingman, KS 67068
Board of Agriculture, Division of Water Resources Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 90 ft.
WELL'S STATIC WATER LEVEL 41 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	X 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 X
If yes, mo/day/yr sample was submitted .....
Water Well Disinfected: Yes X No .....

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	
X 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		

Blank casing diameter 2 in. Was casing pulled? Yes ..... No X If yes, how much .....
Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout X 3 Bentonite 4 Other .....
Grout Plug Intervals: From 90 ft. to 0 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	.....
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	X 14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? SW How many feet? 200

FROM	TO	PLUGGING MATERIALS
90	0	Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-7-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo/day/year) 4-10-08 under the business name of Crawford Water Well 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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.