

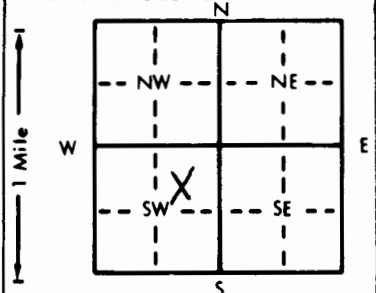
1 LOCATION OF WATER WELL: County: PHILLIPS Fraction: SW 1/4 NE 1/4 SE 1/4 Section Number: 22 Township Number: T 3 S Range Number: R 18 E

Distance and direction from nearest town or city street address of well if located within city?

HIGHWAY 183 NORTH

2 WATER WELL OWNER: COFFEYVILLE RESOURCES TERMINAL, LLC
 RR#, St. Address, Box #: HIGHWAY 183 NORTH Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: PHILLIPSBURG, KS 67661 Application Number:

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



4 DEPTH OF COMPLETED WELL: 65 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 38 ft. 2. 65 ft. 3. 65 ft.
 WELL'S STATIC WATER LEVEL 38 ft. below land surface measured on 6-20-05
 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: 11 in. to 68.5 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well REMEDIAL
 Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded

Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 36 in., weight 3.535 lbs./ft. Wall thickness or gauge No. 280

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 9 ABS 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 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 10 Other (specify) _____
 7 Torch cut

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From _____ ft. to _____ 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) UNKNOWN
 13 Insecticide storage

Direction from well? UNKNOWN How many feet? UNKNOWN

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	GRAVEL FILL			
1	6	BROWN SILTY CLAY			
6	22	LT GRAY-BROWN SILT			
22	33	BROWN-DRK BROWN SILTY SAND			
33	51	BROWNISH-GRAY SAND			
51	68.5	YELLOWISH BROWN SILTY CLAY			
<u>6-113</u>					

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/year) 6-8-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 658 This Water Well Record was completed on (mo/day/yr) 8-1-05 under the business name of BOART LONGYEAR 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.