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

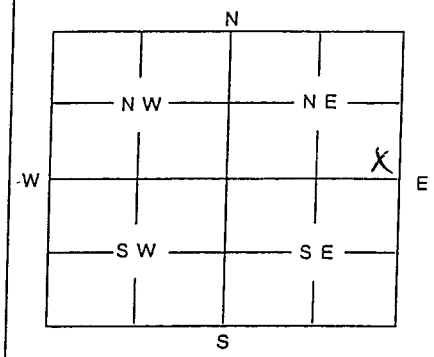
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cloud	SE¼ SE¼ NE¼	32	5S	3W

Distance and direction from nearest town or city street address of well if located within city?
300 Willow Street, Concordia Kansas

2 WATER WELL OWNER: Fleming Companies, Inc.
RR #, St. Address, Box #: 5701 North Shartel
City, State, ZIP Code : Oklahoma City, Oklahoma, 73126

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 30 ft

WELL'S STATIC WATER LEVEL 20.42 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 X
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No X

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
(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 -4.68 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other .....

Grout Plug Intervals: From 5 ft. to 30 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 UST Basin
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? next to How many feet? 0

FROM	TO	PLUGGING MATERIALS
30	5	2" Bentonite
5	0	Top Soil
		MW-1 Plugged

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-1-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 10-10-2000 under the business name of GeoCare Services, Inc. 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.