STATE OF NORTH DAKOTA

BOARD OF WATER WELL CONTRACTORS

900 E. BOULEVARD • BISMARCK, NORTH DAKOTA 58501

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

1. WELL OWNER

Name Jim Peters

Address

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

Sec. (1 mile) ____

County Bowman

NW 1/4 NW 1/4 NW 1/4 Sec. 23 Twp. 131 N. Rg 102 W.

3. PROPOSED USE

☒ Domestic ☐ Stock ☐ Geothermal ☐ Irrigation ☐ Municipal ☐ Monitoring ☐ Industrial ☐ Test Hole

4. METHOD DRILLED

☐ Cable ☒ Forward Rotary ☐ Reverse Rotary ☐ Jetted ☐ Bored ☐ Auger

If other, specify

5. WATER QUALITY

Was a water sample collected for:

Chemcial Analysis? ☐ Yes ☒ No

Bacteriological Analysis? ☐ Yes ☐ No

If so, to what laboratory was it sent?

6. WELL CONSTRUCTION

Diameter of hole 6 1/8 inches. Depth 997 feet.

Casing: ☒ Steel ☐ Plastic ☐ Concrete ☐ Threaded ☐ Welded ☐ Other

If other, specify

Pipe Weight:	Diameter:	From:	To:
11 lb/ft	4 1/2 inches	0 feet	848 feet
lb/ft	inches	feet	feet
lb/ft	inches	feet	feet

Was perforated pipe used? ☐ Yes ☒ No

Perforated pipe set from ____ ft to ____ feet

Was casing left open end? ☒ Yes ☐ No

Was a well screened installed? ☐ Yes ☒ No

Material ____ Diameter ____ inches

Slot Size ____ set from ____ feet to ____ feet

Slot Size ____ set from ____ feet to ____ feet

Was packer or seal used? ☒ Yes ☐ No

If so, what material Pipe Collar Depth 844 ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen ☐ Gravel packed ☐

Depth grouted: From 8' To 30'

Grouting Material: Cement x Other

If other explain:

Well head completion: Pitless unit NO

12" above grade yes Other

If other, specify

Was pump installed: ☐ Yes ☒ No

Was well disinfected upon completion? ☒ Yes ☐ No

7. WATER LEVEL

Static water level 308 feet below surface

If flowing: closed-in pressure ____ psi

GPM flow ____ through ____ inch pipe

Controlled by: ☐ Valve ☐ Reducers ☐ Other

If other, specify No test At this time

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Pumping level below land surface:

____ ft. after ____ hrs. pumping ____ gpm

____ ft. after ____ hrs. pumping ____ gpm

____ ft. after ____ hrs. pumping ____ gpm

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
Brown Clay	0	20
Blue Clay	20	80
Sandy Blue Clay	80	123
Rock	123	124
Sandy Blue Clay	124	130
Blue Sand	150	163
Blue Clay w/ Sand & Rock ledge	163	390
Blue Clay	390	604
Blue Clay w/ Sand lens	604	846
Blue Sand	846	868
Blue Clay	868	874
Blue Sand	874	997

(Use separate sheet if necessary)

10. DATE COMPLETED 10-21-00

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No

If so, how

12. REMARKS:

Will install pump at later date

13. DRILLER'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

Peters Drlg. Inc. 116

Driller's or Firm's Name Certificate No

Box 402 Bowman ND. 58623

Address

Eugene Peters 10-31-00

Signed by Date

WHITE-DRILLER'S COPY YELLOW-BOARD'S COPY PINK-CUSTOMER'S COPY