

WELL DRILLER'S REPORT

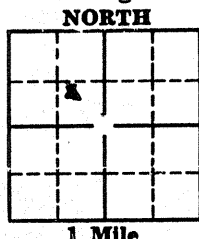
State law requires that this report be filed with the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

WELL OWNER

Name Price Brothers
Address Center N Dakota

WELL LOCATION

Sketch map location must agree with written location.



County Allen
NW 1/4 SE 1/4 NW 1/4 Sec. 21 Twp. 142 N. Rg. 81 W.

PROPOSED USE

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

METHOD DRILLED

☐ Cable ☐ Reverse Rotary ☐ Bored
☒ Forward Rotary ☐ Jetted ☐ Other
If other, specify _____

WATER QUALITY

Was a water sample collected for chemical analysis?
☐ Yes ☒ No
If so, to what laboratory was it sent _____

WELL CONSTRUCTION

Diameter of hole 4 1/2 inches. Depth 462 feet.
Casing: ☒ Steel ☐ Plastic ☐ Concrete
☒ Threaded ☐ Welded ☐ Other

If other, specify _____

Pipe Weight: Diameter: From: To:
Sch 40 lb/ft. 6" ID inches + 20 in feet 40' 6" feet
Sch 40 lb/ft. 2" ID inches + 9' feet 668 feet
_____ lb/ft. _____ inches _____ feet _____ feet
_____ lb/ft. _____ inches _____ feet _____ feet

Was perforated pipe used? ☒ Yes ☐ No

Length of pipe perforated _____ feet

Was casing left open end? ☐ Yes ☐ No

Was a well screened installed? ☐ Yes ☐ No

Material _____ Diameter _____ inches
(stainless steel, bronze, etc.)

Slot size 6" X 4" set from 572 feet to 666 feet

Slot size _____ set from _____ feet to _____ feet

Slot size _____ set from _____ feet to _____ feet

Slot size _____ set from _____ feet to _____ feet

Was a packer or seal used? ☒ Yes ☐ No

If so, what material _____

Type of well: Straight screen ☐ Gravel packed ☐

Was the well grouted? Yes ☒ No ☐

To what depth? Surface to 462 feet

Material used in grouting Best Cement

Well head completion: Pitless adapter _____

12" above grade 30 in Other _____

If other, specify Flowing

Was well disinfected upon completion? ☐ Yes ☒ No

7. WATER LEVEL

Static water level Flowing feet below land surface
If flowing: closed-in pressure 30 psi
GPM flow 28 through 2" inch pipe
Controlled by: ☒ Valve ☐ Reducers ☐ Other
If other, specify _____

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	To
Surface Soil	0	18
Sand & clay	18	27
Sand & gravel 6" hole	27	37
Grey Shale [190]	37	204
Hard Rock	204	206
Grey Shale	206	238
Sand Stone	238	251
Grey Shale	251	344
Sand Stone	344	376
Grey Shale 4 1/2" hole	376	477
Sand Stone [462]	477	487
Grey Shale	487	568
Sand Stone	568	664
Grey shale	664	680

(Use separate sheet if necessary.)

10. DATE COMPLETED 11-10-84

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No
If so, how _____

12. REMARKS:

13. DRILLER'S CERTIFICATION

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

Harlan Jones Drilling 112
Driller's or Firm's Name Certificate No.
Box 241 Broadus Mont 59317
Address
Harlan Jones 11-16-84
Signed by Date