



**WELL DRILLER'S REPORT**  
NORTH DAKOTA BOARD OF WATER WELL CONTRACTORS  
STATE OF NORTH DAKOTA  
SFN 60273 (8/2023)

RECEIVED

FEB 09 2026

ND DEPT. OF WATER RESOURCES

ND Board of Water Well Contractors • 1200 Memorial Highway • Bismarck, ND, 58504

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.

|                                                                                                                                                                                                                                                                                                      |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--------------|
| <b>WELL OWNER</b>                                                                                                                                                                                                                                                                                    |                            |                               |                   | Was Pump Installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |                                                                                                                                                                |                                       |  |              |
| Name <u>Rick Lawlar</u>                                                                                                                                                                                                                                                                              |                            |                               |                   | Was Well Disinfected Upon Completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |                                                                                                                                                                |                                       |  |              |
| Address <u>3104 127th Ave NW Watford City, ND 58857</u>                                                                                                                                                                                                                                              |                            |                               |                   | <b>WATER LEVEL</b>                                                                                                 |                                                                                                                                                                |                                       |  |              |
| <b>WELL LOCATION</b> Sketch map location must agree with written location.                                                                                                                                                                                                                           |                            |                               |                   | Static Water Level (In Feet) Below Surface <u>24</u>                                                               |                                                                                                                                                                |                                       |  |              |
|                                                                                                                                                                                                                                                                                                      |                            | County <u>Mckenzie</u>        |                   | GPS <u>47.86972</u><br><u>-103.28624</u>                                                                           |                                                                                                                                                                | If Flowing, Closed-In Pressure In PSI |  |              |
|                                                                                                                                                                                                                                                                                                      |                            | 1/4 <u>151</u>                | 1/4 <u>99</u>     | 1/4 <u>25</u>                                                                                                      | GPM Flow Through Inch Pipe                                                                                                                                     |                                       |  |              |
|                                                                                                                                                                                                                                                                                                      |                            | Township <u>151</u>           | Range <u>99</u>   | Section <u>25</u>                                                                                                  | Controlled By <input type="checkbox"/> Valve <input type="checkbox"/> Reducers <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify _____ |                                       |  |              |
| <b>PROPOSED USE</b> <u>15109925 DAB</u>                                                                                                                                                                                                                                                              |                            |                               |                   | <b>WELL TEST DATA</b>                                                                                              |                                                                                                                                                                |                                       |  |              |
| <input type="checkbox"/> Domestic <input type="checkbox"/> Geothermal <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial<br><input checked="" type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Test Hole |                            |                               |                   | <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Other <u>Air</u> |                                                                                                                                                                |                                       |  |              |
| <b>METHOD DRILLED</b>                                                                                                                                                                                                                                                                                |                            |                               |                   | Pumping Level Below Land Surface                                                                                   |                                                                                                                                                                |                                       |  |              |
| <input type="checkbox"/> Cable <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Forward Rotary <input type="checkbox"/> Reverse Rotary<br><input type="checkbox"/> Bored <input type="checkbox"/> Auger <input type="checkbox"/> If Other, Specify _____                          |                            |                               |                   | Feet After Hrs. Pumping GPM                                                                                        |                                                                                                                                                                |                                       |  |              |
| <b>WATER QUALITY</b> Was a water sample collected for                                                                                                                                                                                                                                                |                            |                               |                   | Feet After Hrs. Pumping GPM                                                                                        |                                                                                                                                                                |                                       |  |              |
| Chemical Analysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                               |                            |                               |                   | Feet After Hrs. Pumping GPM                                                                                        |                                                                                                                                                                |                                       |  |              |
| Bacteriological Analysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |                            |                               |                   | <b>WELL LOG</b>                                                                                                    |                                                                                                                                                                |                                       |  |              |
| If So, To What Laboratory Was It Sent?                                                                                                                                                                                                                                                               |                            |                               |                   | Formation Depth (ft.)                                                                                              |                                                                                                                                                                |                                       |  |              |
| <b>WELL CONSTRUCTION</b>                                                                                                                                                                                                                                                                             |                            |                               |                   | From To                                                                                                            |                                                                                                                                                                |                                       |  |              |
| Diameter Of Hole In Inches <u>8 3/4</u>                                                                                                                                                                                                                                                              |                            | Depth In Feet <u>48</u>       |                   | <u>Top soil</u>                                                                                                    |                                                                                                                                                                | <u>0 2</u>                            |  |              |
| Casing: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Other<br><input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> If Other, Specify _____                            |                            |                               |                   | <u>Sandy brown clay</u>                                                                                            |                                                                                                                                                                |                                       |  | <u>2 14</u>  |
| Pipe Weight <u>16 lb/ft</u>                                                                                                                                                                                                                                                                          | Diameter <u>4.5</u> inches | From <u>+2</u> feet           | To <u>35</u> feet | <u>Sticky clay</u>                                                                                                 |                                                                                                                                                                |                                       |  | <u>14 35</u> |
| <u>SDR17</u>                                                                                                                                                                                                                                                                                         | <u>4.5</u> inches          | <u>47</u> feet                | <u>48</u> feet    | <u>Sand/gravel</u>                                                                                                 |                                                                                                                                                                |                                       |  | <u>35 38</u> |
| <u>SDR17</u>                                                                                                                                                                                                                                                                                         | <u>4.5</u> inches          | <u>47</u> feet                | <u>48</u> feet    | <u>Very large coal</u>                                                                                             |                                                                                                                                                                |                                       |  | <u>38 47</u> |
| Was A Well Screen Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Was Perforated Pipe Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Screen Or Perforation Interval                                                                                                                                                                                                                                                                       |                            | From In Feet                  | To In Feet        |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Was Casing Left Open End? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Material <u>PUL</u>                                                                                                                                                                                                                                                                                  |                            | Diameter In Inches <u>4.5</u> |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Slot Size <u>20</u>                                                                                                                                                                                                                                                                                  | Set From In Feet <u>35</u> | To In Feet <u>47</u>          |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Slot Size                                                                                                                                                                                                                                                                                            | Set From In Feet           | To In Feet                    |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Was Packer Or Seal Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                         |                            |                               |                   | <b>DATE COMPLETED</b> <u>11/25/2025</u>                                                                            |                                                                                                                                                                |                                       |  |              |
| If So, What Material                                                                                                                                                                                                                                                                                 |                            | Depth In Feet                 |                   | <b>WAS WELL PLUGGED OR ABANDONED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          |                                                                                                                                                                |                                       |  |              |
| Type Of Well <input type="checkbox"/> Straight Screen <input checked="" type="checkbox"/> Gravel Packed                                                                                                                                                                                              |                            |                               |                   | If So, How                                                                                                         |                                                                                                                                                                |                                       |  |              |
| Depth Grouted From <u>30</u> To <u>surface</u>                                                                                                                                                                                                                                                       |                            |                               |                   | <b>REMARKS</b>                                                                                                     |                                                                                                                                                                |                                       |  |              |
| Grouting Material <u>Cement</u>                                                                                                                                                                                                                                                                      |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| If Other, Explain: <u>hole plug</u>                                                                                                                                                                                                                                                                  |                            |                               |                   |                                                                                                                    |                                                                                                                                                                |                                       |  |              |
| Well Head Completion: Pitless Unit                                                                                                                                                                                                                                                                   |                            |                               |                   | <b>DRILLER'S CERTIFICATION</b>                                                                                     |                                                                                                                                                                |                                       |  |              |
| 12" Above Grade <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                  |                            | Other (Specify)               |                   | This well was drilled under my jurisdiction and this report is true to the best of my knowledge.                   |                                                                                                                                                                |                                       |  |              |
| It Other, Specify                                                                                                                                                                                                                                                                                    |                            |                               |                   | Driller's Or Firm's Name <u>Thompson Drilling Inc</u> Certificate Number <u>205</u>                                |                                                                                                                                                                |                                       |  |              |
|                                                                                                                                                                                                                                                                                                      |                            |                               |                   | Address <u>13544 28th St NW Arnegard ND 58835</u>                                                                  |                                                                                                                                                                |                                       |  |              |
|                                                                                                                                                                                                                                                                                                      |                            |                               |                   | Signed By <u>Ryan Thompson</u> Date <u>11/30/2025</u>                                                              |                                                                                                                                                                |                                       |  |              |