



**WELL DRILLER'S REPORT**  
NORTH DAKOTA BOARD OF WATER WELL CONTRACTORS  
STATE OF NORTH DAKOTA  
SFN 60273 (11/2013)

RECEIVED

APR 02 2026

ND Board of Water Well Contractors • 900 E. Boulevard Ave. - Dept. 770 • Bismarck, ND, 58505-0850  
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.

ND DEPT. OF WATER RESOURCES

|                                                                                                                                                                                                                                                                                                      |           |                               |                         |                                                                                                           |    |             |  |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|----|-------------|--|--------------|--|
| <b>WELL OWNER</b>                                                                                                                                                                                                                                                                                    |           |                               |                         | Was pump installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |    |             |  |              |  |
| Name<br>Dylan Essen                                                                                                                                                                                                                                                                                  |           |                               |                         | Was well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |             |  |              |  |
| Address                                                                                                                                                                                                                                                                                              |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WELL LOCATION</b> Sketch map location must agree with written location.                                                                                                                                                                                                                           |           |                               |                         |                                                                                                           |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         | County<br>BURKE                                                                                           |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         | GPS                                                                                                       |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         | 1/4<br>SW                                                                                                 |    | 1/4<br>SW   |  | 1/4<br>SW    |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         | Township<br>162                                                                                           |    | Range<br>92 |  | Section<br>6 |  |
| <b>PROPOSED USE</b> 16209206 CCC                                                                                                                                                                                                                                                                     |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <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 |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>METHOD DRILLED</b>                                                                                                                                                                                                                                                                                |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <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 _____                          |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WATER QUALITY</b> Was a water sample collected for                                                                                                                                                                                                                                                |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Chemical Analysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                               |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Bacteriological Analysis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |           |                               |                         |                                                                                                           |    |             |  |              |  |
| If so, to what laboratory was it sent?                                                                                                                                                                                                                                                               |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WELL CONSTRUCTION</b>                                                                                                                                                                                                                                                                             |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Diameter of hole in inches<br>8.75                                                                                                                                                                                                                                                                   |           |                               |                         | Depth in feet<br>350                                                                                      |    |             |  |              |  |
| Casing:<br><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 _____                         |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Pipe Weight                                                                                                                                                                                                                                                                                          | Diameter  | From                          | To                      |                                                                                                           |    |             |  |              |  |
| 3.8 lb/ft                                                                                                                                                                                                                                                                                            | 5 inches  | +2 feet                       | 180 feet                |                                                                                                           |    |             |  |              |  |
| 3.8 lb/ft                                                                                                                                                                                                                                                                                            | 5 inches  | 200 feet                      | 270 feet                |                                                                                                           |    |             |  |              |  |
| 3.8 lb/ft                                                                                                                                                                                                                                                                                            | 5 inches  | 310 feet                      | 330 feet                |                                                                                                           |    |             |  |              |  |
| Was perforated pipe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Perforated pipe set from in feet                                                                                                                                                                                                                                                                     |           |                               |                         | To in feet                                                                                                |    |             |  |              |  |
| Was casing left open end? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Was a well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Material<br>PVC                                                                                                                                                                                                                                                                                      |           |                               |                         | Diameter in inches<br>5                                                                                   |    |             |  |              |  |
| 25                                                                                                                                                                                                                                                                                                   | Slot Size | Set from in feet<br>270 / 180 | To in feet<br>310 / 200 |                                                                                                           |    |             |  |              |  |
| 50                                                                                                                                                                                                                                                                                                   | Slot Size | Set from in feet<br>330       | To in feet<br>350       |                                                                                                           |    |             |  |              |  |
| Was packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                    |           |                               |                         |                                                                                                           |    |             |  |              |  |
| If so, what material                                                                                                                                                                                                                                                                                 |           |                               |                         | Depth in feet                                                                                             |    |             |  |              |  |
| Type of well <input type="checkbox"/> Straight screen <input checked="" type="checkbox"/> Gravel packed                                                                                                                                                                                              |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Depth grouted                                                                                                                                                                                                                                                                                        |           | 0                             | From                    | 150                                                                                                       | To |             |  |              |  |
| Grouting Material<br>Bentonite                                                                                                                                                                                                                                                                       |           | Cement                        |                         | Other                                                                                                     |    |             |  |              |  |
| If other, explain:                                                                                                                                                                                                                                                                                   |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Well head completion: Pitless unit                                                                                                                                                                                                                                                                   |           |                               |                         |                                                                                                           |    |             |  |              |  |
| 12" above grade<br>Yes                                                                                                                                                                                                                                                                               |           |                               |                         | Other                                                                                                     |    |             |  |              |  |
| If other, specify                                                                                                                                                                                                                                                                                    |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WELL TEST DATA</b>                                                                                                                                                                                                                                                                                |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other Air                                                                                                                                                                                          |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Pumping level below land surface                                                                                                                                                                                                                                                                     |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Feet after                                                                                                                                                                                                                                                                                           |           | Hrs. pumping                  |                         | gpm                                                                                                       |    |             |  |              |  |
| 147                                                                                                                                                                                                                                                                                                  |           | 2                             |                         | 9.5                                                                                                       |    |             |  |              |  |
| Feet after                                                                                                                                                                                                                                                                                           |           | Hrs. pumping                  |                         | gpm                                                                                                       |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Feet after                                                                                                                                                                                                                                                                                           |           | Hrs. pumping                  |                         | gpm                                                                                                       |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WELL LOG</b>                                                                                                                                                                                                                                                                                      |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Formation                                                                                                                                                                                                                                                                                            |           |                               |                         | Depth (ft.)                                                                                               |    |             |  |              |  |
|                                                                                                                                                                                                                                                                                                      |           |                               |                         | From                                                                                                      |    | To          |  |              |  |
| SILTY CLAY                                                                                                                                                                                                                                                                                           |           |                               |                         | 0                                                                                                         |    | 27          |  |              |  |
| COAL                                                                                                                                                                                                                                                                                                 |           |                               |                         | 27                                                                                                        |    | 36          |  |              |  |
| STICKY CLAY                                                                                                                                                                                                                                                                                          |           |                               |                         | 36                                                                                                        |    | 48          |  |              |  |
| COAL                                                                                                                                                                                                                                                                                                 |           |                               |                         | 48                                                                                                        |    | 53          |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 53                                                                                                        |    | 141         |  |              |  |
| CLAY WITH SAND STRINGERS                                                                                                                                                                                                                                                                             |           |                               |                         | 141                                                                                                       |    | 156         |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 156                                                                                                       |    | 180         |  |              |  |
| FINE SAND                                                                                                                                                                                                                                                                                            |           |                               |                         | 180                                                                                                       |    | 188         |  |              |  |
| COAL                                                                                                                                                                                                                                                                                                 |           |                               |                         | 188                                                                                                       |    | 193         |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 193                                                                                                       |    | 280         |  |              |  |
| SAND                                                                                                                                                                                                                                                                                                 |           |                               |                         | 280                                                                                                       |    | 290         |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 290                                                                                                       |    | 298         |  |              |  |
| SAND                                                                                                                                                                                                                                                                                                 |           |                               |                         | 298                                                                                                       |    | 309         |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 309                                                                                                       |    | 336         |  |              |  |
| COAL                                                                                                                                                                                                                                                                                                 |           |                               |                         | 336                                                                                                       |    | 349         |  |              |  |
| CLAY                                                                                                                                                                                                                                                                                                 |           |                               |                         | 349                                                                                                       |    | 377         |  |              |  |
| (Use separate sheet if necessary)                                                                                                                                                                                                                                                                    |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>DATE COMPLETED 3-25-26</b>                                                                                                                                                                                                                                                                        |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>WAS WELL PLUGGED OR ABANDONED?</b>                                                                                                                                                                                                                                                                |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                  |           |                               |                         |                                                                                                           |    |             |  |              |  |
| If so, how                                                                                                                                                                                                                                                                                           |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>REMARKS</b>                                                                                                                                                                                                                                                                                       |           |                               |                         |                                                                                                           |    |             |  |              |  |
| 48.88015,-102.67668                                                                                                                                                                                                                                                                                  |           |                               |                         |                                                                                                           |    |             |  |              |  |
| <b>DRILLER'S CERTIFICATION</b>                                                                                                                                                                                                                                                                       |           |                               |                         |                                                                                                           |    |             |  |              |  |
| This well was drilled under my jurisdiction and this report is true to the best of my knowledge.                                                                                                                                                                                                     |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Driller's or Firm's Name<br>Brase Drilling LLC                                                                                                                                                                                                                                                       |           |                               |                         | Certificate Number<br>179                                                                                 |    |             |  |              |  |
| Address<br>2813 Hwy 2 West Rugby ND 58368                                                                                                                                                                                                                                                            |           |                               |                         |                                                                                                           |    |             |  |              |  |
| Signed by<br>Ben Brase                                                                                                                                                                                                                                                                               |           |                               |                         | Date<br>3-25-26                                                                                           |    |             |  |              |  |