

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR  
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>JACK DOWERS</u><br>Address <u>2048 N/E Bartre Ct.</u><br><u>Poulsbo wa 98370</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7. WATER LEVEL</b><br>Static water level <u>168'</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality _____<br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------------------------|-------------------------------------|-------------------|-----------------|-------------------|-----------------|--------------|--------------|------------|------------|--------------|-----------------|------------|-------------------------------------|--------------|--------------|------------|---------------------------|--------|-------------------------------------|----------|--------------------|------------|-------------|--------------------|-------------------------------------|------------|--------------------|------------|--------------|--|-------------------------------------|----------|------------|------------|--------------|-------------------------------------|--|----------|------------|------------|--------------|-------------------------------------|--|
| <b>2. NATURE OF WORK</b> <u>95-86-N-33</u><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8. WELL TEST DATA</b><br><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>20</u></td> <td><u>AIR 375</u></td> <td><u>1</u></td> </tr> <tr> <td><u>19</u></td> <td><u>pump 231</u></td> <td><u>1</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Discharge G.P.M.  | Pumping Level             | Hours Pumped                        | <u>20</u>                           | <u>AIR 375</u>    | <u>1</u>        | <u>19</u>         | <u>pump 231</u> | <u>1</u>     |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hours Pumped      |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>AIR 375</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>1</u>          |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>pump 231</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>1</u>          |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>9. LITHOLOGIC LOG</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><u>8</u></td> <td><u>0</u></td> <td><u>3</u></td> <td><u>TOP SOIL</u></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><u>8</u></td> <td><u>3</u></td> <td><u>55</u></td> <td><u>HARD BROKEN BASALT</u></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><u>8</u></td> <td><u>55</u></td> <td><u>240</u></td> <td><u>CLAY</u></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><u>8</u></td> <td><u>240</u></td> <td><u>260</u></td> <td><u>SHALE</u></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><u>6</u></td> <td><u>260</u></td> <td><u>385</u></td> <td><u>SHALE</u></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><u>6</u></td> <td><u>385</u></td> <td><u>375</u></td> <td><u>SHALE</u></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </tbody> </table> | Bore Diam.        | Depth                     |                                     | Material                            | Water             |                 | From              | To              | Yes          | No           | <u>8</u>   | <u>0</u>   | <u>3</u>     | <u>TOP SOIL</u> |            | <input checked="" type="checkbox"/> | <u>8</u>     | <u>3</u>     | <u>55</u>  | <u>HARD BROKEN BASALT</u> |        | <input checked="" type="checkbox"/> | <u>8</u> | <u>55</u>          | <u>240</u> | <u>CLAY</u> |                    | <input checked="" type="checkbox"/> | <u>8</u>   | <u>240</u>         | <u>260</u> | <u>SHALE</u> |  | <input checked="" type="checkbox"/> | <u>6</u> | <u>260</u> | <u>385</u> | <u>SHALE</u> | <input checked="" type="checkbox"/> |  | <u>6</u> | <u>385</u> | <u>375</u> | <u>SHALE</u> | <input checked="" type="checkbox"/> |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Material                  | Water                               |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To                |                           | Yes                                 | No                                  |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>3</u>          | <u>TOP SOIL</u>           |                                     | <input checked="" type="checkbox"/> |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>55</u>         | <u>HARD BROKEN BASALT</u> |                                     | <input checked="" type="checkbox"/> |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>240</u>        | <u>CLAY</u>               |                                     | <input checked="" type="checkbox"/> |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>240</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>260</u>        | <u>SHALE</u>              |                                     | <input checked="" type="checkbox"/> |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>260</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>385</u>        | <u>SHALE</u>              | <input checked="" type="checkbox"/> |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>385</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>375</u>        | <u>SHALE</u>              | <input checked="" type="checkbox"/> |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>1 1/2</u> feet</td> <td><u>260</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>200</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Thickness         | Diameter                  | From                                | To                                  | <u>250</u> inches | <u>6</u> inches | <u>1 1/2</u> feet | <u>260</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches    | _____ feet | _____ feet                          | _____ inches | _____ inches | _____ feet | _____ feet                | Number | From                                | To       | _____ perforations | _____ feet | _____ feet  | _____ perforations | _____ feet                          | _____ feet | _____ perforations | _____ feet | _____ feet   |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Diameter          | From                      | To                                  |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>1 1/2</u> feet | <u>260</u> feet           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet        | _____ feet                |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet        | _____ feet                |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet        | _____ feet                |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To                |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet        |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet        |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet        |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><div style="display: flex; align-items: center;"> <div style="text-align: center;"> </div> <div style="margin-left: 20px;">             Subdivision Name <u>Hill Top I.C</u><br/> <u>Bennett Bay</u><br/>             Lot No. _____ Block No. _____           </div> </div> County <u>S/W 1/4 Sec. 20, T. 50 N, R. 3 E (W)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10.</b><br>Work started <u>4-8-86</u> finished <u>4-15-86</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>420 Well Service</u> Firm No. <u>448</u><br>Address <u>582 W. Hayden Ave</u> Date <u>4-19-86</u><br>Signed by (Firm Official) <u>John H. Whelan</u><br>and<br>(Operator) <u>Clarence Shultz</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                           |                                     |                                     |                   |                 |                   |                 |              |              |            |            |              |                 |            |                                     |              |              |            |                           |        |                                     |          |                    |            |             |                    |                                     |            |                    |            |              |  |                                     |          |            |            |              |                                     |  |          |            |            |              |                                     |  |

# DOWERS 2004 PIN 50N03W-20-9450

