

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: : :	Long: : :		

sketch map location must agree with written location

Address of Well Site

City HAYDEN LAKE

(Give at least name of road + Distance to Road or Landmark)

Lt.	Blk.	Sub. Name
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4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	10 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s)

Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material
6	+2	300	.250	STEEL

Casing Liner Welded Threaded

☒ ☐ ☒ ☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method

Screen	Screen Type
1	1
2	2
3	3
4	4
5	5
6	6
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99	99
100	100

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

220 ft. below ground Artesian pressure lb.

Depth flow encountered 270 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+		300	1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 270

12. LITHOLOGIC LOG:(Describe repairs or abandonmen

[illegible]

Completed Depth 300 (Measurable)
Date: Started 3/27/02 Completed 3/28/02

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with ~~at~~ the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official Man P. L. Date 3-29

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Supervisor or Operator Jim McLaughlin Date 3/28/0

(Sign Once If Firm Official and Operator)

Jim McLeslie

OCT 21 2009