

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.

resources RECEIVED

1. WELL OWNER

Name WAYLEND ALLEN

Address P.O. Box 391 Fernwood

Owner's Permit No. 92-83-N-19 83830

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>59</u> feet
<u>160 PSI</u> inches	<u>4 PC</u> inches	<u>47</u> feet	<u>227</u> feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☒ Yes ☐ No THIN

How perforated? ☐ Factory ☐ Knife ☒ Torch

Size of perforation 1/8 inches by 1/8 inches

Number	From	To
<u>100</u> perforations	<u>207</u> feet	<u>227</u> feet
<u>20</u> perforations	<u>107</u> feet	<u>127</u> feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

7. WATER LEVEL

Static water level 15 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow Water Resources

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>6 GPM</u>		

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>6</u>	<u>14</u>	<u>BROWN CLAY</u>		☒
	<u>14</u>	<u>40</u>	<u>DECOMPOSED GRANITE</u>		☒
	<u>40</u>	<u>55</u>	<u>SOFT GRANITE</u>		☒
<u>6</u>	<u>55</u>	<u>150</u>	<u>SOFT-MED GRANITE</u>	☒	
	<u>150</u>	<u>227</u>	<u>MED GRANITE</u>	☒	

10.

Work started 10/19/83 finished 10/20/83

11. DRILLERS CERTIFICATION

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

Firm Name UNITED DRILLING INC Firm No. 414

Address P.O. Box 2499 C/O DA Date 10/24/83

Signed by (Firm Official) R. Kelly

and (Operator) David H. [Signature]

6. LOCATION OF WELL

Sketch map location must agree with _____

Subdivision Name _____

Lot No. _____ Block No. _____

County BENEFIT COUNTY

NW 1/4 Sec. 24, T. 44, N. 1/4 R. 1

12. RECEIVED

NOV 7 1983

Department of Water Resources

Northern District Office

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