



Form 11/97 **MAY 10 1999**

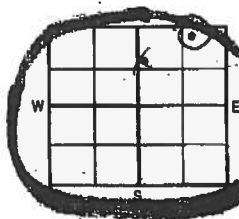
JUN - 9 2014
se Only
MR/NORTHERN
ge Sec

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

1. WELL TAG NO. D. 000 3997
 DRILLING PERMIT NO. 92-98-N 15
 Other IDWR No. _____

2. OWNER: Ray BEDWELL (POSTED)
Name
Address HCO 1 Box 215 B
City Stmaries State Id Zip 83861

3. LOCATION OF WELL by legal description:



Twp. 45 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 35 NW 1/4 NE 1/4 NE 1/4
 Cont'd Lot _____
 County DENVER _____
 State: _____ Long: _____

Address of Well Site approx 6 1/2 miles
alder Creek Take Right approx 1 mile City St. Maries
(give at least name of road - Distance to Road or Turnaround)

Lt. _____ Blk. _____ Sub. _____ Name _____

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	
Coastalite	1	26	300	Turning

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20
Was drive shoe seal tested? ☒ Y ☐ N How? band

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear	Weight
6	1	90	250	Steel	☒	☐	☐
					☐	☐	☐
					☐	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material
20	325	3/8	80	4	PVC

10. STATIC WATER LEVEL OR ARTESIAN P

Depth flow encountered control devices: 120 ft. below ground
Artesian pressure ft. Describe ac

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
EST. 15	G.P.M.		

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: Clear Green

Depth first Water Encounter 39

12. LITHOLOGIC LOG: (Describe repairs or abandonment) water

[illegible]

Completed Depth 380 17 feet
Date: Started 10/24/98 Completed 6/2/99

While early **the** of minimum wall construction standards were complied with at the time the debris was removed.

Decision Dr. ingd
Official *[Signature]* Ed2d
ler to *[Signature]* Date 6/22/98
Sign

45 N 3 W 35