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Department of Water Resources
0922

10. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
10 EST.		160	1 HR

Sketch map location must agree with written location.

Temperature of water COLD Was a water analysis done? Yes ☐ No ☒

By whom?

Water Quality (odor, etc.)

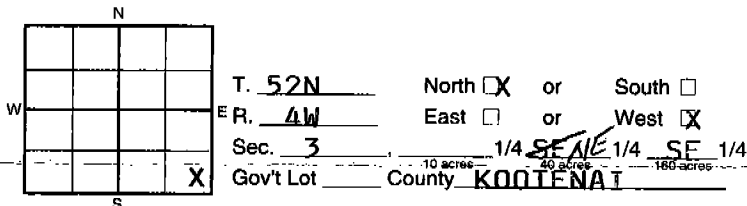
Bottom Hole Temperature

11. STATIC WATER LEVEL:

80' ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____



Address of Well Site END OF RAMSEY

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	48	500	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6"	+2	48	250	X		☒	☐	☒	☐
4"	40	160	160	PSI	X	☐	☒	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 48'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DRILL
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tel./Pipe Size	Casting	Liner
100	160	3/8X3/8	300			☐	☒
						☐	☐
						☐	☐
						☐	☐

NESE 3 SZN 4w

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 UNITED DRILLING INC. Firm No. 414

Firm Official [Signature] Date 12-18-95

Supervisor or Operator A. J. [Signature] Date 10 Jan 94

(Sign once if Firm Official & Operator)

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