

1. WELL TAG NO. D ~~05521~~ 33831
 DRILLING PERMIT NO. 815490
 Water Right or Injection Well No. 

2. OWNER:
Name George Atkins
Address 400 Cavanaugh Bay Rd
City Coolin State FD Zip 87781

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub, or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 **NW** 1/4 **SE** 1/4
Gov't Lot _____
County _____

Lat: : : Long: : :
Address of Well Site Same
City Acosta
(Give at least name of road + Distance to Road or Landmark)
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	7	Temp casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 77

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	71	77	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method

Screen Type & Method of Installation Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
77	82	20		6	SS	☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure lb.

Depth flow encountered 70 ft. Describe access port or control devices:

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6	1'	71	2

Water Temp. 60.4 Bottom hole temp. _____

Water Quality test or comments:

Depth first Water Encounter 70

[illegible]

Completed Depth 82 (Measurable)

Date: Started 5/29/04 Completed 6/2/04

14. DRILLER'S CERTIFICATION

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

Company Name Can Hottel & Sons Firm No. 1168

Principal Driller Steve Little Date 6/4/04
and

Driller or Operator II _____ Date _____

Operator | _____ Date | _____

Principal Driller and Rig Operator *Required*.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES