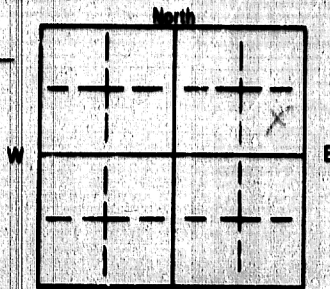


SOUTH DAKOTA WATER WELL COMPLETION REPORT

10-95

Location N 4 N Sec 1 Twp 106-57County Southern

Please mark well location with an "X"

Well Completion Date Oct 9, 1987

PURPOSE USE:

☐ Domestic ☐ Municipal ☐ Test Holes
☐ Irrigation ☐ Industrial ☒ Stock

Method of Drilling:

Forward Rotary

CASING DATA:

☐ Steel ☒ Plastic ☐ Other

If other describe:

DEPTH	DIAMETER	FROM	TO	NOLE DIAMETER
<u>0</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>130</u> FT	<u>8</u> IN
LB/FT	IN	FT	FT	IN
LB/FT	IN	FT	FT	IN
LB/FT	IN	FT	FT	IN

GROUT:

Was the well grouted? ☒ YES ☐ NOTo what depth? 45 FEETWhat is grouting material? CementIf cement, number of sacks? 15Describe grouting procedure Tremie pipe

What was grout weight? _____ LB/GAL

SCREEN: ☐ Perforated pipe ☐ Manufactured

Diameter _____ IN Length _____ FEET

Material _____

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Other information _____

Was a packer or seal used? ☐ YES ☒ NO

If so, what material? _____

Describe packer(s) and location? _____

Was well disinfected on completion? ☐ YES ☒ NO

Explain _____

Bacteriological analysis ☐ YES ☒ NO

Laboratory sent to _____

Well Owner:

Name Jerry MooreAddress Artesian

Well Log: _____ Depth _____

Formation: _____

From _____ To _____

yellow clay 0 20blue clay 20 75Streaks of sand 75 115shale 115 130chalk stone 130 175

STATIC WATER LEVEL 10 Feet

If flowing, closed in pressure _____ PSI

GPM flow _____ through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other

If other, specify _____

Can well be completely shut in? _____

WELL TEST DATA:

☒ Pumped Air Comp.☐ Bailed Describe: _____☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM



REMARKS:

This well was drilled under license # 30

And this report is true and accurate.

Drilling firm Hinker DrillingSignature of License Representative: Earl Hinker

Signature of Well Owner: _____

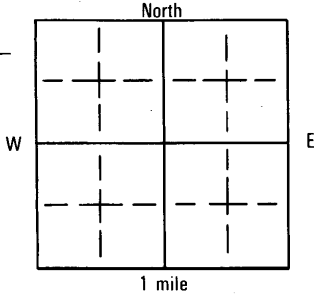
Date Oct 19, 1987

SOUTH DAKOTA WATER WELL COMPLETION REPORT

10-85

Location $\frac{1}{4}$ $\frac{1}{4}$ Sec Twp Rg

County

Please mark well
location with
an "X"

Well Completion Date

PROPOSED USE:

- ☐ Domestic ☐ Municipal ☐ Test Holes
☐ Irrigation ☐ Industrial ☐ Stock

Method of Drilling:

CASING DATA:

- ☐ Steel ☐ Plastic ☐ Other

If other describe

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUT:

Was the well grouted? ☐ YES ☐ NO

To what depth? _____ FEET

What is grouting material? _____

If cement, number of sacks? _____

Describe grouting procedure _____

What was grout weight? _____ LB/GAL

SCREEN: ☐ Perforated pipe ☐ Manufactured

Diameter _____ IN Length _____ FEET

Material _____

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Other information _____

Was a packer or seal used? ☐ YES ☐ NO

If so, what material? _____

Describe packer(s) and location? _____

Was well disinfected upon completion? ☐ YES ☐ NO

Explain _____

Bacteriological analysis ☐ YES ☐ NO

Laboratory sent to _____

Well Owner:

Name _____

Address _____

Well Log:

Depth

Formation

From

To

STATIC WATER LEVEL _____ Feet

If flowing: closed in pressure _____ PSI

GPM flow _____ through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other

If other; specify _____

Can well be completely shut in? _____

WELL TEST DATA:

☐ Pumped☐ Bailed

Describe: _____

☐ Other

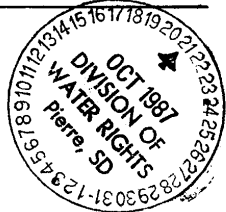
Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

REMARKS:



This well was drilled under license # _____

And this report is true and accurate.

Drilling firm _____

Signature of License Representative: _____

Signature of Well Owner: _____

Date _____

11/12/87