

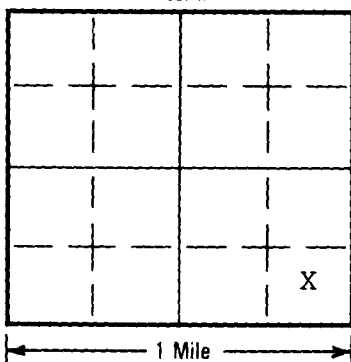
SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location SE 1/4 SE 1/4 Sec 24 Twp 117 Rg 72
County Faulk North

Please mark well location with an "X"

Well Completion Date

12-19-03Well Owner: Bruce Roseland
Business Name: _____
Address: 16894 SD Hwy 47
Seneca, SD 57437

WELL LOG:

DEPTH

FORMATION	FROM	TO
Top soil	0	5
Yellow clay	5	20
Blue clay	20	35
Sandy-blue clay	35	100
Shale	100	1055
Greenhorn	1055	1070
Shale	1070	1540
Dakota	1540	1800
Morrison	1800	1900
Sundance	1900	2055

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 1500 ft. from septic (identify source).

PROPOSED USE:

☒ Domestic/Stock ☐ Municipal ☐ Business ☐ Test Holes
☐ Irrigation ☐ Industrial ☐ Institutional ☐ Monitoring well

METHOD OF DRILLING:

rotaryCASING DATA: ☐ Steel ☒ Plastic ☒ OtherIf other describe copper

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>250</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>300</u> FT	<u>8</u> IN
<u>K</u> LB/FT	<u>2</u> IN	<u>0</u> FT	<u>2055</u> FT	<u>4 1/2</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>Portland</u>	<u>35</u>	_____ lb./gal	<u>0</u> ft	<u>300</u> ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure Pressure plugSCREEN: ☒ Perforated pipe ☐ ManufacturedDiameter 2 IN Length 160 FEETMaterial CopperSlot Size 3/8 Set From 1895 Feet to 2055 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? RubberDescribe packer(s) and location? Above perf

DISINFECTION: Was well disinfected upon completion?

YES, How: _____
☒ NO, Why Not? flowing well

Laboratory sent to for water quality analysis

Pierre, SD

STATIC WATER LEVEL _____ Feet

If flowing: closed in pressure 150 PSIGPM flow 90 through 2 inch pipeControlled by ☒ Valve ☐ Reducers ☐ Other _____Reduced Flowrate 15 GPMCan well be completely shut in? Yes

WELL TEST DATA:

☐ Pumped Describe: _____☐ Bailed _____☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

RECEIVED

DEC 29 2003

WATER RIGHTS PROGRAM

This well was drilled under license # 94

And this report is true and accurate.

Drilling firm Huron Drilling Inc.

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: 12-19-03