

SOUTH DAKOTA WATER WELL COMPLETION REPORT

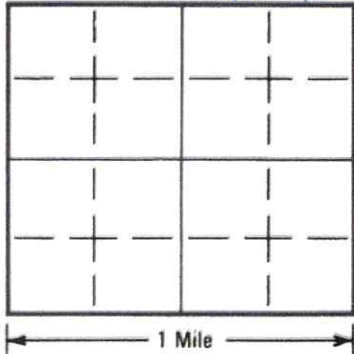
07-92

Location NE 1/4 NW 1/4 Sec 43-10-19 N 102 20 28 W
County Ogallala Lakota Twp 19 North 37 N 42 W

Please mark well location with an "X"

43.1719 N102.3411 W

Well Completion Date

11-25-24

LOCATION:

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

PROPOSED USE:

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

METHOD OF DRILLING:

A.R. RotaryCASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>250</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>340</u> FT	<u>9</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>Wentzel</u>	<u>7</u>	<u>60</u> lb./gal	<u>10</u> ft.	<u>30</u> ft.
_____	_____	_____ lb./gal	_____ ft.	_____ ft.

Describe grouting procedure Injected thru Tremie TubeSCREEN: ☐ Perforated pipe ☐ ManufacturedDiameter 5 IN Length 20' FEETMaterial SDR 12Slot Size .025 Set From 340 Feet to 400 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☐ YES ☐ NO

If so, what material? _____

Describe packer(s) and location? _____

DISINFECTION: Was well disinfected upon completion?

☒ YES, How: _____☒ NO, Why Not? Owner Refusescirculated Chlorine

Laboratory sent to for water quality analysis _____

Well Owner: Thomas Cloud Horse

Business Name: _____

Address: Porcupine SD 57722

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
Top Soil	0	1
blow sand	1	20
Shale + limestone	20	100
Red Rock w/limesim	100	200
Red Rock	200	340
Sand Stone	340	400

STATIC WATER LEVEL 200 Feet

If flowing: closed in pressure _____ PSI

GPM flow _____ through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other _____

Reduced Flowrate _____ GPM

Can well be completely shut in? _____

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

This well was drilled under license # 681

And this report is true and accurate.

Drilling firm Wild Goose Well Drilling

Signature of License Representative:

Elke Carl

Signature of Well Owner or Equitable Property Holder:

RECEIVED

Date: 11-25-24

DEC 26 2024

OFFICE OF
WATER