

1. WELL TAG NO. D _____

Water right or injection well # _____

Address _____

City _____ State _____ Zip _____

Twp. _____ North ☐ or South ☐ Rge. _____ East ☐ or West ☐

Sec. _____ 1/4 _____ 1/4

Address of Well Site

City _____ County _____

Lat. _____⁰ _____ (Deg. and Decimal minutes)

Long. _____⁰_____ (Deg. and Decimal minutes)

Lot. _____ Blk. _____ Sub. Name _____

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

☐ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

☐ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☐

From (ft)	To (ft)	Number/ft	Method created (mill knife, perforate, torch cut, drill etc.)

From (ft)	To (ft)	Slot size	Diameter (nominal)	Material	Gauge or Schedule	Placement method

Length of Headpipe (ft) _____ Length of Tailpipe (ft) _____

Packer ☐ Y ☐ N Type _____

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

Depth to first water encountered (ft) _____ Static Water Level (ft) _____

Artesian Conditions? ☐ Yes ☐ No

Flowing Artesian Conditions? ☐ Yes ☐ No Pressure at wellhead ps

Describe control device/access port:

Water quality test or comments:

Water Temp (°F)

Bottom Hole Temp (°F)

☐ Air Lift Drill stem set at _____ (ft) Discharge _____ gpm Duration _____ hrs
Recovery time _____ hrs Recovered water level _____ (ft)

☐ Pump Pump set at _____ (ft) Discharge _____ gpm Duration _____ hrs

Drawdown _____ (ft) (lowered water level - static water level)

Recovery time _____ hrs Recovered water level _____ (ft)

☐ Bailer Discharge _____ gpm Duration _____ hrs

Drawdown _____ (ft) (lowered water level - static water level)

Recovery time _____ hrs Recovered water level _____ (ft)

☐ Flowing Discharge

Discharge _____ gpm Duration _____ hrs

[illegible]

Completed Depth (Measurable):

Date Started: _____ Date Completed: _____

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

Company Name _____ Co. No. _____

*Principal Driller Date

*Driller _____ Date _____

*Operator _____ Date _____

Other _____ Date _____

* Signature of Principal Driller and rig operator are required.