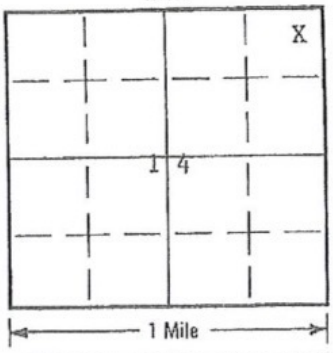
SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location NE ¼ NE ¼ Sec 14 Twp 7N Rg 4E

County: LAWRENCE

Please mark well location with an "X"



Well Completion Date: 8-1-09

Well Owner: PATRICK HILES

Business Name: 320 SUMMIT STREET

Address: BELLE FOURCHE, SD 57717

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: DIRECT ROTARY

CASING DATA: ☒ Steel ☐ Plastic ☐ Other

If other describe ____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
36 LB/FT	9 5/8 IN	0 FT	18 FT	12 1/4 IN
15.5 LB/FT	5 1/2 IN	0 FT	940 FT	7 7/8 IN
____ LB/FT	____ IN	____ FT	____ FT	____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
CEMENT	25	15.6 lb./gal	0 ft.	18 ft.
CEMENT	200	15.6 lb./gal	0 ft.	940 ft.

Describe grouting procedure: PRESSURE GROUTED

SCREEN: ☒ Perforated pipe ☐ Manufactured

Diameter 5 1/2 IN Length ____ FEET

Material STEEL

Slot Size .25 Set From 840 Feet to 870 Feet

Other information 23 GRAM JET SHOTS

WAS A PACKER OR SEAL USED? ☐ YES ☒ NO

If so, what material? ____

Describe packer(s) and location? ____

DISINFECTION: Was well disinfected upon completion?

X YES, How: CIRC

____ NO, Why Not? CHLORINE

Laboratory sent to for water quality analysis: ENERGY LAB

WELL LOG:

FORMATION	DEPTH FROM	DEPTH TO
BROWN SOIL	0	20
GRY/BLACK SHALE	20	680
GRY SH W/SS (DAKOTA)	680	760
GRY SAND	760	780
GRY SHALE W/SS LAYERS	780	840
LIGHT GRY TO WHITE SAND (LAKOTA)	840	880
GRY SH	880	910
GRY FINE SAND	910	945
BLACK SHALE	945	965

STATIC WATER LEVEL 0 Feet

If flowing: closed in pressure 5 PSI

GPM flow 7.5 through 2 inch pipe

Controlled by ☒ Valve ☐ Reducers ☐ Other ____

Reduced Flowrate ____ GPM

Can 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

This well was drilled under license # 205

And this report is true and accurate.

Drilling firm TYVO, LLC

Signature of License Representative:

Signature of Well Owner or Equitable Property Holder:

Date: ____

Electronically Signed using eSignOnline™ [Session ID : c8cf6506-32a2-441a-9236-3387f39efd87]