ATTEN®ON OWNER: Confidentiality Privilege Notice on on reverse side of Well Owner's copy (pink)

## State of Texas WELL REPORT

Texas Water Well Drillers Advisory Council MC 177 P.O. Box 13087 Austin, TX 78711-3087 512-239-0530

1) OWNER IM MOLENSON ADDRES	(Street or AFD) (City) By, (State) 1862)
2) ADDRESSOF WELL: County Green Poa. (Street, RFD or other)	D Fredericks Bung TX GRID#  (City) (State) (Zip) 78624
3) TYPE OF WORK (Check):  New Well Deepening Industrial Irrigation Injudy Reconditioning Plugging If Public Supply well, were plans subspace.	Monitor
6) WELL LOG: Date Drilling: Started 11 - 18 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Air Rotary
From (ft.) To (ft.) Description and color of formation material  O = 48 ReD Sandy Clay  48-57 Hard Red Sandy  Off Red Sand Hard	8) Borehole Completion (Check):
109-112 Hard Redsand 1112-118 Soft Keldsand HO 118-162 Soft Redsand 162-185 Soft Redsand HO 168-185 Soft Redsand HO	Dia. (in.) Used Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfg., if commercial From To Screen  SCREEN TO PLASTIC O / 8.5 SCh 4
(Use reverse side of Well Owner's copy, if necessary)  13) TYPE PUMP:	9) CEMENTING DATA [Rule 338.44(1)]  Cemented from ft. to ft. No. of sacks used /2  Method used ft. to ft. No. of sacks used ft. No.
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder ☐ Other ☐ Depth to pump bowls, cylinder, jet, etc.,ft.  14) WELL TESTS:  Type test: ☐ Pump	10) SURFACE COMPLETION  Specified Surface Slab Installed [Rule 338.44(2)(A)]  Specified Steel Sleeve Installed [Rule 338.44(3)(A)]  Pitless Adapter Used [Rule 338.44(3)(b)]  Approved Alternative Procedure Used [Rule 338.71]
Yield: 25 gpm with	11) WATERLEVEL: Static level 50 ft. below land surface Date 1/-/9-97 Artesian flowgpm. Date
constituents?  Yes No If yes, submit "REPORT OF UNDESIRABLE WATER"  Type of water? Depth of strata  Was a chemical analysis made?	12) PACKERS: Type Depth
I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 15 will result in the log(s) being returned for completion and resubmittal.  COMPANY NAME  (Type or print)  (Type or print)	
ADDRESS 1834 H She par D Rees (Street or RED)	(City) (State) (Zip)
(Signed) (Licensed Well Driller)	(Registered Driller Trainee)  vsis, and other pertinent information, if available.