

Department of War 092843

1. DRILLING PERMIT NO. 64-93-W-0089-000

Other IDWR No. _____

2. OWNER:


Name ED WOODS

Address 20 Henderson Rd.

City LYLE WASH. State WA Zip 98635

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



T. 11 North ☒ or South ☐
 E. 1e East ☐ or West ☒
 Sec. 10 $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$
 Gov't Lot _____ County Washington

Address of Well Site Rock Cr. Rd. Waverly

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

| SEAL/FILTER PACK | | | AMOUNT | METHOD |
|------------------|------|----|-----------------|--------------------------------|
| Material | From | To | Sacks or Pounds | |
| Cement | 0 | 20 | | over bored to depth Pumped. |
| | | | | |
| | | | | |
| | | | | |

Was drive shoe seal tested? Y ☐ N ☐ How? _____

8. CASING/LINER:

| Diameter | From | To | Gauge | Casting | Liner | Steel | Plastic | Welded | Threaded |
|----------|------|----|-------|---------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 16 | 12 | 25 | 250 | R | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoes 25.

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method _____
☒ Screens Type 4 1/2" x 10" x 1/2" Material _____

| From | To | Slot Size | Number | Diameter | Tel./Pipe Size | Casting | Linear |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 10 | 177 | 4/32 x 4 | 260 | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

10. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Depth | Time |
|-----------------|----------|---------------|-------|
| 11 gpm | 140' | 197 | 3 hrs |
| | | | |
| | | | |

Temperature of water 74° Was a water analysis done? Yes ☐ No ☐

By whom? _____

Water Quality (odor, etc.) Good

Bottom Hole Temperature 174°

11. STATIC WATER LEVEL:

ft. below surface Depth artesian flow found 195

Artesian pressure  lb. Describe access port 

Describe Controlling Devices: Water Sanisol w/gauge
And valves

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name Selwa Wellbuck Firm No. 489

Firm Official Kenneth Schuch Date 12-6-95

and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)