

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

State of Texas WELL REPORT

Texas Department of Licensing &
Regulation
P.O. Box 12157
Austin, TX 78711
512-463-7880

1) OWNER <u>Ron Williams</u> ADDRESS <u>1055 Barkston, Katy TX 77450</u>		(Name) (Street or RFD) (City) (State) (Zip)																																																																		
2) ADDRESS OF WELL'S LOCATION: <u>FM 2842 1 Mi S Pottsville TX</u> Long <u>98.20</u> Lat. <u>31.40</u>		County <u>Hamilton</u> (Street, RFD or other) (City) (State) (Zip) Grid # <u>41-22-5</u>																																																																		
3) TYPE OF WORK (Check): ☒ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging		4) PROPOSED USE (Check): ☐ Monitor ☐ Environmental Soil Boring ☒ Domestic ☐ Industrial ☐ Irrigation ☐ Injection ☐ Public Supply ☐ De-watering ☐ Testwell If Public Supply well, were plans submitted to the TNRCC? ☐ Yes ☐ No																																																																		
6) WELL LOG: Date Drilling: Started <u>8/26/99</u> Completed <u>8/30/99</u>		7) DRILLING METHOD (Check): ☐ Driven ☒ Air Rotary ☐ Mud Rotary ☐ Bored ☐ Air Hammer ☐ Cable Tool ☐ Jetted ☐ Other _____																																																																		
5) _____		8) Borehole Completion (Check): ☐ Open Hole ☒ Straight Wall ☐ Underreamed ☐ Gravel Packed ☐ Other _____ If Gravel Packed give interval from _____ ft. to _____ ft.																																																																		
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(Use reverse side of Well Owner's copy, if necessary)		9) CEMENTING DATA Cemented from <u>0</u> ft. to <u>35</u> ft. No. of sacks used <u>4</u> _____ ft. to _____ ft. No. of sacks used _____ Method used <u>poured</u> Cemented by <u>driller</u> Distance to septic system field lines or other concentrated contamination <u>150#±</u> Method of verification of above distance _____																																																																		
13) ☐ Well plugged within 48 hours Casing left in well: _____ Cement/bentonite placed in well: _____ Sacks used: _____ From (ft) To (ft) From (ft) To (ft)		10) SURFACE COMPLETION ☐ Specified Surface Slab Installed ☒ Specified Steel Sleeve Installed ☐ Pitless Adapter Used ☐ Approved Alternative Procedure Used																																																																		
14) TYPE PUMP: ☐ Turbine ☐ Jet ☒ Submersible ☐ Cylinder ☐ Other _____ Depth to pump bowls, cylinder, jet, etc., <u>270</u> ft.		11) WATER LEVEL: Static level <u>195</u> ft. below land surface Date <u>8/30/99</u> Artesian flow _____ gpm. Date _____																																																																		
15) WELL TESTS: Type test: ☐ Pump ☐ Bailer ☒ Jetted ☐ Estimated Yield: <u>27</u> gpm with _____ ft. drawdown after _____ hrs.		12) PACKERS: Type Depth <u>2</u> <u>shale catcher</u> <u>35</u> <u>2</u> <u>shale catcher</u> <u>200</u>																																																																		
16) WATER QUALITY: Did you knowingly penetrate any strata which contained undesirable constituents? ☐ Yes ☒ No If yes, submit "REPORT OF UNDESIRABLE WATER" Type of water? _____ Depth of strata _____ Was a chemical analysis made? ☐ Yes ☒ No																																																																				

I certify that I drilled this well (or the well was drilled under my direct supervision) and that each and all of the statements herein are true and correct. I understand that failure to complete items 1 thru 16 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dalton Drilling & Service
(Type or print)

WELL DRILLER'S LICENSE NO. 2850WPCL

ADDRESS P O Box 208, Hamilton TX 76531
(Street or RFD) (City) (State) (Zip)

(Signed) Tom Dalton
(Licensed Well Driller)

(Signed) _____
(Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.