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43QJ 118689

FORM NO. 603 (R 6-94)

WELL LOG REPORT

File No. C099219-00

State law requires that the Bureau's copy be filed by the water well driller within 60 days after completion of the well.

1. WELL OWNER
Name BRIAN PATE'

2. CURRENT MAILING ADDRESS
RR1 Box 322
Columbus Mont 59019

3. WELL LOCATION
O/C
NW 1/4 SE 1/4 NE 1/4 Section 27
Township 2 N/S Range 21 E/W County STILLWATER
Govn't Lot _____, or Lot 141, Block _____
Subdivision Name YELLOWSTONE River Ranch
Tract Number _____

4. PROPOSED USE: Domestic ☒ Stock ☐ Irrigation ☐
Other ☐ specify _____

5. TYPE OF WORK:

		Method:	Dug	Bored
New well	☒		☐	☒
Deepened	☐	Cable	☐	Driven ☐
Reconditioned	☐	Rotary	☒	Jetted ☐

6. DIMENSIONS: Diameter of Hole
Dia. 8 3/4 in. from 0 ft. to 18 ft.
Dia. 6" in. from 18 ft. to 305 ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6 5/8 from +1'12 ft. to 18.5 ft.
Threaded ☐ Welded ☐ Dia. _____ from _____ ft. to _____ ft.
Type B53 Wall Thickness .250
Casing; Plastic Dia. 4 1/2 from 8 ft. to 305 ft.
Weight 160 # Dia. _____ from _____ ft. to _____ ft.
PERFORATIONS: Yes ☒ No ☐
Type of perforator used SAW
Size of perforations .78 in. by 6 in.
20 perforations from 81 ft. to 101 ft.
30 perforations from 120 ft. to 280 ft.
_____ perforations from _____ ft. to _____ ft.
SCREENS: Yes ☒ No ☐
Manufacturer's Name _____
Type _____ Model No. _____
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
GRAVEL PACKED: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.
GROUTED: To what depth? 18 ft.
Material used in grouting Bentonite

8. WELL HEAD COMPLETION:
Pitless Adapter ☐ Yes ☐ No

9. PUMP (if installed)
Manufacturer's name _____
Type _____ Model No. _____ HP. _____

10. WELL TEST DATA
The information requested in this section is required for all wells. All depth measurements shall be from the top of the well casing.
All wells under 100 gpm must be tested for a minimum of one hour and provide the following information:
a) Air X Pump _____ Bailer _____
b) Static water level immediately before testing 78 ft. If flowing; closed-in pressure _____ psi. _____ gpm.
Flow controlled by: _____ valve, _____ reducers, _____ other, (specify) _____.
c) Depth at which pump is set for test 305
d) The pumping rate: 1/3 gpm.
e) Pumping water level 305 ft. at 1100 hrs. after pumping began.
f) Duration of test: Pumping time 2 hrs.
g) Recovery time 9 hrs.
h) Recovery water level 78 ft. at 9 hrs. after pumping stopped.

Wells intended to yield 100 gpm or more shall be tested for a period of 8 hours or more. The test shall follow the development of the well, and shall be conducted continuously at a constant discharge at least as great as the intended appropriation. In addition to the above information, water level data shall be collected and recorded on the Department's "Aquifer Test Data" form.

NOTE: All wells shall be equipped with an access port ½ inch minimum or a pressure gauge that will indicate the shut-in pressure of a flowing well. Removable caps are acceptable as access ports.

11. WAS WELL PLUGGED OR ABANDONED? _____ Yes X No
If yes, how? _____

12. WELL LOG

Depth (ft.) From	To	HD Formation
0	2	fill
2	12	soft sandstone
12	15	shale
15	35	sandstone
35	50	shale
50	56	sandstone
56	78	shale
78	83	broken shale
83	101	soft shale
101	107	soft clay Bentonite
107	148	shale
148	151	sandstone
151	193	shale
193	206	sandstone
206	241	shale
241	244	sandstone
244	305	shale

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. YELLOWSTONE CLOSURE AREA: WATER TEMPERATURE _____

14. DATE COMPLETED 11/2/95

15. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

11/16/95
Date

Aagard Drilling Inc
Firm Name

Box 114 Joliet Mont 59041
Address

Paul Stevens 542
Signature License No.

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION
1520 EAST SIXTH AVENUE P.O. BOX 202301 HELENA, MONTANA 59620 - 2301 444-6610

DNRC

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