

26N19W29AAC

114331

WELL LOG REPORT

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 Kirk & Preddi Leopold

2. CURRENT MAILING ADDRESS
P.O. Box 2168
Bigfork, MT 59911

3. WELL LOCATION
SW 1/4 NE 1/4 NE 1/4 Section 29
Township 26 N/S Range 19 E/W County Lake
Gov'n't Lot _____, or Lot _____, Block _____
Subdivision Name _____
Tract Number 5 COP #5095

4. PROPOSED USE: Domestic Stock Irrigation
Other specify _____

5. TYPE OF WORK:
New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

6. DIMENSIONS: Diameter of Hole
Dia. 10 in. from 0 ft. to 18 ft.
Dia. 6 in. from 18 ft. to 261 ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6.625 from 2AGL ft. to 18 ft.
Threaded Welded Dia. _____ from _____ ft. to _____ ft.
Type A53B Wall Thickness .250
Casing; Plastic Dia. 4 from 10 ft. to 251 ft.
Weight 160 Dia. _____ from _____ ft. to _____ ft.
PERFORATIONS: Yes No
Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
SCREENS: Yes No
Manufacturer's Name Eagle
Type PVC Model No. 160#
Dia. 4 Slot size .025 from 251 ft. to 261 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 Portland Cement

8. WELL HEAD COMPLETION:
Pitless Adapter Yes No

9. PUMP (if installed)
Manufacturer's name N/A
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 XX Pump _____ Bailer _____
b) Static water level immediately before testing 72 ft. If flowing; closed-in pressure _____ psi. _____ gpm.
Flow controlled by: _____ valve, _____ reducers, _____ other, (specify) _____
c) Depth at which pump is set for test 259
d) The pumping rate: 30 gpm.
e) Pumping water level 195 ft. at 1 hrs. after pumping began.

f) Duration of test: Pumping time 1 1/2 hrs.
g) Recovery time _____ hrs.
h) Recovery water level 72 ft. at 4 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 1/2 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 No
If yes, how? _____

12. WELL LOG
Depth (ft.)
From To Formation
0 4 Clay & gravel
4 136 Gray rock
136 147 Soft brown rock (seep @ 139)
139 162 Gray rock 3GPM @ 148
162 258 Gray green rock 5GPM @ 173
258 261 Fractured brown rock 30GPM @ 259

PH

RECEIVED
OCT 26 1995
MONTANA D.N.R.C.
KALISPELL REGIONAL OFFICE

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. YELLOWSTONE CLOSURE AREA: WATER TEMPERATURE _____

14. DATE COMPLETED Sept. 30, 1995

15. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.
Oct. 23, 1995
Date
WES Drilling
Firm Name
P.O. Box 5403, Kalispell, MT 59903
Address
Michael D. Leib
Signature
483
License No.

M:152832