

STATE OF WYOMING

OFFICE OF THE STATE ENGINEER
HERSCHLER BUILDING
CHEYENNE, WYOMING 82002
(307) 777-5959

SCANNED MAR 10 2014

MICRO
FILMED

SEP 01 2000

STATEMENT OF COMPLETION AND DESCRIPTION OF WELL OR SPRING

NOTE: Do not fold this form. Use typewriter or print neatly with black ink.

PERMIT NO. U.W. 125129 NAME OF WELL (SPRING) _____

1. NAME OF OWNER Sandra + Luman Pinkerton

2. ADDRESS 419 Meade Cr. Rd.

City Sheridan State WY Zip Code 82801 Phone No. (307) 674-9205

3. USE OF WATER: Domestic ☒ Stock Watering ☒ Irrigation ☐ Municipal ☐ Industrial ☐ Miscellaneous ☐
☐ Monitor or Test Explain proposed use (Example: One single family dwelling) Tr o family

done lings + stock tank out of same well - Drilling Pinkerton well
Pinkerton + Wintonville

4. LOCATION OF WELL (SPRING): NE 1/4 SW 1/4 of Section 33, T. 55 N., R. 83 W., of the 6th P.M. (or W.R.M.),

Subdivision Name _____ Lot _____ Block _____

If surveyed, bearing, distance and reference point: _____

5. TYPE OF CONSTRUCTION: Drilled ☒ unknown Dug ☐ Driven ☐ Other ☐
(Type of Rig)

Describe: _____

6. CONSTRUCTION: Total Depth of Well/Spring 160 ft.

Depth to Static Water Level 15' ft. (Below land surface)

a. Diameter of borehole (Bit size) 4 inches.

b. Casing Schedule New ☐ Used ☐

_____ diameter from _____ ft. to _____ ft. Material _____ Gage _____

_____ diameter from _____ ft. to _____ ft. Material _____ Gage _____

c. Was casing cemented: Yes ☐ No ☒ Cemented Interval, From _____ feet to _____ feet.

d. Number of sacks of cement used _____ type of cement _____

e. Perforations: Type of perforator used _____

Size of perforations _____ inches by _____ inches.

Number of perforations and depths where perforated:

_____ perforations from _____ ft. to _____ feet.

_____ perforations from _____ ft. to _____ feet.

f. Was well screen installed? Yes ☐ No ☐

Diameter: _____ slot size: _____ set from _____ feet to _____

Diameter: _____ slot size: _____ set from _____ feet to _____

g. Was well gravel packed? Yes ☒ No ☐ Size of gravel Per gravel

h. Was surface casing used: Yes ☐ No ☐ Was it cemented in place? Yes ☐ No ☒

7. NAME & ADDRESS OF DRILLING COMPANY C.T. Reid

8. DATE OF COMPLETION OF WELL (including pump installation) OR SPRING (first used) 6-10-1970

9. PUMP INFORMATION: Manufacturer Web Trol Type submersible

Source of power Electric Horsepower 1/2 Depth of Pump Setting or intake 145'

Amount of Water Being Pumped 8 Gallons Per Minute. (For Springs or flowing wells, see item 10.)

Total Volumetric Gallons Used Per Calendar Year. 37,500

10. FLOWING WELL (Owner is responsible for control of flowing well).

If well yields artesian flow, yield is _____ gal./min. Surface pressure is _____ lb./sq. inch, or _____ feet of water.

The flow is controlled by: valve ☐ cap ☐ plug ☐

Does well leak around casing? Yes ☐ No ☐

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SEE REVERSE SIDE

for State Engineer