

Send original copy by certified mail to the Texas Department of Water Resources P. O. Box 13087 Austin, Texas 78711

State of Texas
WATER WELL REPORT

For TDWR use only
Well No. 40-30-10
Located on map YCS
Received: CIFS

1) OWNER NORTH BASQUE ESTATES Address WACO TX
(Name) (Street or RFD) (City) (State) (Zip)
2) LOCATION OF WELL: County McLENNAN 10 1/2 miles in NW direction from WACO
(N.E., S.W., etc.) (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

Legal description: Section No. _____ Block No. _____ Township _____
Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____

See attached map.

3) TYPE OF WORK (Check):
 New Well Deepening
 Reconditioning Plugging

4) PROPOSED USE (Check):
 Domestic Industrial Public Supply
 Irrigation Test Well Other _____

5) DRILLING METHOD (Check):
 Mud Rotary Air Hammer Driven Bored
 Air Rotary Cable Tool Jetted Other _____

6) WELL LOG: Date drilled 10K-1020/81

DIAMETER OF HOLE		
From (ft.)	To (ft.)	Material
0	20	WHITE ROCK
21	35	BLUE SHALE
36	410	WHITE LIME
411	445	PARANIX
446	495	BLEND ROSE LIME
496	1050	1ST TRINITY
1051	1120	BLUE SHALE
1121	1145	RED BED
1146	1251	2ND TRINITY
1255		YELLOW SHALE

7) BOREHOLE COMPLETION:
 Open Hole Straight Well Underreamed
 Gravel Packed Other _____
If Gravel Packed give interval . . . from _____ ft. to _____ ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

From (ft.)	To (ft.)	Description and color of formation material	Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfg., if commercial	Setting (ft.)		Cage Casing Screen
						From	To	
0	20	WHITE ROCK						
21	35	BLUE SHALE						
36	410	WHITE LIME	4 1/4	4	STEEL	0	23	
411	445	PARANIX						
446	495	BLEND ROSE LIME	7	4	STEEL	0	1055	
496	1050	1ST TRINITY						
1051	1120	BLUE SHALE	7	4	PERFORATED	1165	1255	
1121	1145	RED BED						
1146	1251	2ND TRINITY						
1255		YELLOW SHALE						

CEMENTING DATA
Cemented from 0 ft. to 1160 ft.
Method used ACCESSORY
Cemented by MEADOWS DRILL, INC.
(Company or Individual)

9) WATER LEVEL:
Static level _____ ft. below land surface Date _____
Artesian flow _____ gpm. Date _____

10) PACKERS: Type _____ Depth _____

11) TYPE PUMP:
 Turbin Jet Submersible Cylinder
 Other _____
Depth to pump bowls, cylinder, jet, etc., _____ ft.

12) WELL TESTS:
 Type Test Pump Bailor Jetted Estimated
Yield: _____ gpm with _____ ft. drawdown after _____ hrs.

13) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? Yes No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? _____ Depth of strata _____
Was a chemical analysis made? Yes No

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

NAME Ray MEADOWS Water Well Drillers Registration No. 1444
(Type or Print)
ADDRESS 2601 RICHARDS (City) _____ (State) _____ (Zip) _____
(Street or RFD)
(Signed) [Signature] (Water Well Driller) MEADOWS DRILL, INC. (Company Name)

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