

<b>C1</b> 4972	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 15 3 20	Depth of Well 22 305 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-45-1825 28 29 30 31 32 33 34 35 36 37
---	--	---	--

OWNER: Shapice, Michael (last name) Michael (first name)  
 STREET OR RFD: 2031 Daisy Rd. TOWN: Woodbine  
 SUBDIVISION: \_\_\_\_\_ SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dir +	0	48	
Hwd Tan	48	59	✓
Hwd Gray	59	230	
Hwd Gray	230	235	
Hwd Gray	235	305	
X1 Geo			

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS <u>45 46 14</u>	NO. OF POUNDS <u>45 46 700</u>
GALLONS OF WATER _____	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>48</u> TOP	ft. to <u>54</u> BOTTOM 58 ft.
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> CO STEEL CONCRETE
	<input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch): _____ Total depth of main casing (nearest foot): _____
60 61	63 64 66 70

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	<input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN HOLE
	<input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

- CIRCLE APPROPRIATE LETTER
- A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
  - E** ELECTRIC LOG OBTAINED
  - P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MND 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Michael Shapice

LIC. NO. 1 MND 553

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)	
T 2	_____
E 1	8 9 11 15 17 21
A 2	23 24 26 30 32 36
C 3	38 39 41 45 47 51
S R	_____
E E	SLOT SIZE 1 _____ 2 _____ 3 _____
N	DIAMETER OF SCREEN _____ (NEAREST INCH)
	from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_ 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

PUMPING TEST	
HOURS PUMPED (nearest hour)	8 9
PUMPING RATE (gal. per min.)	11 15
METHOD USED TO MEASURE PUMPING RATE	_____
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	17 20 ft.
WHEN PUMPING	22 25 ft.
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	29
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	LAND SURFACE (nearest foot)
<input checked="" type="checkbox"/> + above	50 51
<input type="checkbox"/> - below	

