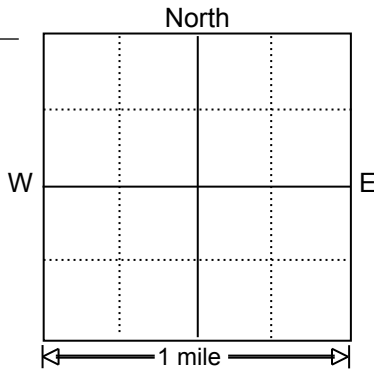


SOUTH DAKOTA WELL AND TEST HOLE PLUGGING REPORT 11-02

Location _____ ¼ _____ ¼ Sec _____ Twp _____ Rg _____

County _____

Please mark well
location with an "X"



Plugging Completion Date _____

Well Owner:

Name: _____

Address: _____

City, State, Zip: _____

Comments:

CHECK APPROPRIATE BOX

EXISTING WELL ☐

TEST HOLE ☐

Well depth _____

Casing material _____

Casing size(s) _____

Casing condition _____

Hole depth _____

Hole size _____

Describe plugging procedure:

Describe grout or plugging material:

Type of non-slip plug: _____

This well or test hole was plugged under license # _____ and this report is true and accurate.

Drilling firm: _____

Signature of Licensed Representative: _____

Signature of Well Owner: _____

Date: _____