



WASHINGTON STATE DEPT OF NATURAL RESOURCES

WELL RECORD OR HISTORY (Geothermal Form 2)

Permit no. _____

Mail to Geothermal Supervisor, Department of Natural Resources, Division of Geology and Earth Resources, MS 47007, Olympia, WA 98504-7007, not more than 30 days after completion or plugging and abandonment of well. Indicate questionable data by following it with a question mark (?).

Company or operator Lease
Field or vicinity _____, well no. _____ in _____ of section _____,
T ___ N R _____, _____ County. Well is _____ feet [] north / [] south
of the [] north / [] south line and _____ feet [] east / [] west of the [] east / [] west line of section _____.
Latitude/Longitude (decimal degrees, to four places minimum) _____
Lessor: _____ Lessee: _____
Address: _____ Address: _____
Phone: _____ Email: _____ Phone: _____ Email: _____
Drilling commenced on: _____ Drilling was completed on: _____
Drilling contractor: _____ Company: _____
Address: _____ Phone: _____ Email: _____
Elevation above sea level at top of casing: _____ feet. Total depth: _____ feet.

LITHOLOGY

No. 1, from _____ to _____ feet No. 4, from _____ to _____ feet
No. 2, from _____ to _____ feet No. 5, from _____ to _____ feet
No. 3, from _____ to _____ feet No. 6, from _____ to _____ feet

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet _____
No. 2, from _____ to _____ feet _____
No. 3, from _____ to _____ feet _____
No. 4, from _____ to _____ feet _____

CASING, LINER, AND TUBING RECORD

String	Size	Wt./Ft.	Name and type	Amount Ft. In.	Depth set at	Perforated From To
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

CEMENT AND TESTING RECORD

Size of Hole	String	Where Cement Placed	No. Sacks Cement	Method	Pressure in Testing	Hardness of Cement	Kind of Cement
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PLUGS AND ADAPTERS

RECORD OF SHOOTING OR CHEMICAL TREATMENT

Size	Shell used	Explosive or chemical used	Quantity	Date	Depth shot or treated	Depth cleaned
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation or electrical surveys were made, submit report on separate sheet and attach hereto.

TOOLS USED

Rotary tools used from _____ feet to _____ feet and from _____ feet to _____ feet.

Cable tools used from _____ feet to _____ feet and from _____ feet to _____ feet.

RECORD OF DRILLING MUD

Provide volumes and general chemical composition of drilling mud and additives used.

PRODUCTION

Put to producing on _____. Production of the first 24 hours was _____

EMPLOYEES

_____, Driller _____, Driller
_____, Driller _____, Driller

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION GIVEN HERewith IS A COMPLETE AND CORRECT RECORD OF THE WELL AND ALL WORK DONE ON IT SO FAR AS CAN BE DETERMINED FROM AVAILABLE RECORDS.

Subscribed and sworn to before me

This _____ day of _____ Place _____

Notary Public My commission expires: _____

Signature: _____

Name: _____

Position: _____

Representing (*company or operator*): _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

FORMATION RECORD

From	To	Thickness in feet	Formation