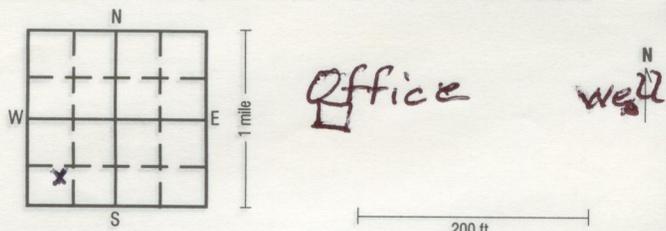


Site identification
 Property Owner New Coop Elevator Well Number _____
 Address R. R. Roedyh Moonland, Iowa
 Tenant _____
 Well Depth 460 ft Date completed 11/3/99

Location County Webster
 _____ mi. ^N and _____ mi. ^E of intersection of _____ and _____
NE 1/4 of the SW 1/4 of the SW 1/4 of Sec 21 TWP 88 RNG 30 ^E
 Show exact location of well in section grid with a dot (•). Sketch map of well location on property.


upland hillside valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
0	2	blk.		soil
2	16	yel.		clay
16	77	blue		"
77	79	grey		sand
79	92	blue		clay (hard)
92	105	"		"
105	125	grey		"
125	151	yel.		"
151	153	grey		sand (med)
153	153	yel.		clay
155	161	blue		"
161	167	yel.		"
167	171	yel.		"
171	176	yel.		"
176	181	grey		shale
181	194	"		"
194	196	blk.		Coal

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial
<input type="checkbox"/> Livestock	<input type="checkbox"/> Public supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Test well	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other _____

(explain)

Drill method rotary auger cable other _____
Hole size
 12 inch from 0 ft to 348
 7 1/2 inch from 348 ft to 460
 hole size continued _____ inch from _____ ft to _____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing grout shoe (yes/no) Pitless adapter (yes/no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
8"	steel	6'	348'	342'

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft
 Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)
Pontland	6'	348'	13 yds.

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0.____				
	0.____				

Bottom capped (yes/no) with _____
 Seals / Packers (yes/no) kind _____ depth _____ ft
 Gravel packed (yes/no) from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no)
 Explain sub. pump
 (pumped, airlifted, bailed) for 12 hrs at 118 GPM.

Pump installed? (yes/no) Date 11/24/99
 Installer's name R+R Well Co. Inc.
 Type of pump sub Depth to intake 310 ft
 Pump diameter 6" Rated capacity 200 GPM

Water information Aquifer: sand / gravel limestone sandstone
 Main water-supply zone from 348 ft to 360 ft seepage well
 Static water level 235 ft (below / above) GL; tape airline E-line estimate
 Pumping water level 280 ft below GL; tape airline E-line estimate
 At yield of 118 GPM; orifice volumetric estimate
 Measurements taken at _____: _____ (AM / PM) Date _____ / _____ / _____

Water quality test? (yes/no) Date tested _____ / _____ / _____
 Tested by _____

Contractor R+R Well Co. Inc.
 Address 3133 Madison Ave. Ft Dodge, Iowa
 Driller Lynn Rosenquist Certification no. 40-034

Site identification

Property Owner New Coop Elevator Well Number _____
 Address R.R. Roe Lynn Moonland, Iowa,
 Tenant _____
 Well Depth _____ ft Date completed ____/____/____

Drill method rotary auger cable other _____

Hole size

_____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft

hole size continued
 _____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft

Location County _____

_____ mi. ^N/_S and _____ mi. ^E/_W of intersection of _____ and _____
 _____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ E
 W

Show exact location of well in section grid with a dot (●). Sketch map of well location on property.

upland hillside valley Elevation (if known) _____

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing Drive shoe (yes/no) _____ Pitless adapter (yes/no) _____

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft
 Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

Formation log

From	To	Color	Hardness	Formation description
196	205	blk.		shale
205	211	whit.		ll
211	235	grey		ll
235	237	whit.		ll
237	253	grey		shale (S.S. streak)
253	255	blk.		Coal
253	257	grey		shale
257	260	grey		S.S.
260	262	ll		S.S. (hard)
262	271	ll		shale
271	276	whit.		ll
276	283	ll		limestone (weathered)
283	287	grey		S.S.
287	289	tan		limestone (weathered)
289	291	ll		ll
291	300	ll		ll
300	305	tan		ll with whit shale

use additional sheets as needed

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material

Bottom capped (yes/no) _____ with _____
 Seals / Packers (yes/no) _____ kind _____ depth _____ ft
 Gravel packed (yes/no) from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no) _____
 Explain _____
 (pumped, airlifted, bailed) for _____ hrs at _____ GPM.

Pump installed? (yes/no) _____ Date ____/____/____
 Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand / gravel limestone sandstone
 Main water-supply zone from _____ ft to _____ ft seepage well
 Static water level _____ ft (below / above) GL; tape airline E-line estimate
 Pumping water level _____ ft below GL; tape airline E-line estimate
 At yield of _____ GPM; orifice volumetric estimate
 Measurements taken at _____: _____ (AM / PM) Date ____/____/____

Remarks (including depth of lost drilling fluids, materials, or tools)

Water quality test? (yes/no) _____ Date tested ____/____/____
 Tested by _____

Well use

Domestic Municipal Commercial
 Livestock Public supply Monitoring
 Test well Irrigation Other _____ (explain)

Contractor _____
 Address _____
 Driller _____ Certification no. _____

WELL RECORD

51143

Site identification

Property Owner New Coop. Elevator Well Number _____
 Address R.R. Roelyn Moon Land, Iowa
 Tenant _____
 Well Depth _____ ft Date completed ____/____/____

Location County _____

_____ mi. ^N and _____ mi. ^E of intersection of _____ and _____
 _____ 1/4 of the _____ 1/4 of the _____ 1/4 of _____ Sec _____ TWP _____ RNG _____
 Show exact location of well in section grid with a dot (●). Sketch map of well location on property.

upland hillside valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
305	316	whit.		shale
316	318			chert
318	320	gn.		chert + clay
320	321	u		shale
321	324	whit.		limestone shale
324	325	tl		shale
325	326	whit.		shale limestone
326	332	grey		shale
332	340	brn.		limestone (weathered)
340	348	u		u
348	350	u		u (crevice)
360	368	whit.		u (shaley)
368	378	u		u (solid)
378	385	grey		S.S. + chert layers
385	391	whit.		limestone
391	396	grey		u
396	401	whit.		u

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

Domestic Municipal Commercial
 Livestock Public supply Monitoring
 Test well Irrigation Other _____ (explain)

Drill method rotary auger cable other _____

Hole size _____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing Drive shoe (yes/no) _____ Pitless adapter (yes/no) _____

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft
 Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) _____ Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0. _____				
	0. _____				

Bottom capped (yes/no) _____ with _____
 Seals / Packers (yes/no) _____ kind _____ depth _____ ft
 Gravel packed (yes/no) _____ from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no)

Explain _____
 (pumped, airlifted, bailed) for _____ hrs at _____ GPM.

Pump installed? (yes/no) _____ Date ____/____/____

Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand / gravel limestone sandstone

Main water-supply zone from _____ ft to _____ ft seepage well

Static water level _____ ft (below / above) GL; tape airline E-line estimate

Pumping water level _____ ft below GL; tape airline E-line estimate

At yield of _____ GPM; orifice volumetric estimate

Measurements taken at _____ : _____ (AM / PM) Date ____/____/____

Water quality test? (yes/no) _____ Date tested ____/____/____

Tested by _____

Contractor _____
 Address _____
 Driller _____ Certification no. _____

WELL RECORD

51143

Site identification

Property Owner New Coop Elevator Well Number _____
 Address R.R. Roe, W. Moonland, Iowa
 Tenant _____
 Well Depth _____ ft Date completed ____/____/____

Location County _____

_____ mi. ^N and _____ mi. ^E of intersection of _____ and _____
 _____ mi. ^S and _____ mi. ^W of intersection of _____ and _____
 1/4 of the _____ 1/4 of the _____ 1/4 of _____ Sec _____ TWP _____ RNG _____ E _____ W _____

Show exact location of well in section grid with a dot (●). Sketch map of well location on property.

upland hillside valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
401	404	grey		limestone
404	406	tan		"
406	410	grey		"
410	416	tan		"
416	420	"		S.S.
420	429	whit.		limestone
429	449	"		" (hard)
449	450	"		" (cherty)
450	454	"		"
454	457	grey		limestone
457	460	whit.		"

use additional sheets as needed

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

Domestic Municipal Commercial
 Livestock Public supply Monitoring
 Test well Irrigation Other _____ (explain)

Drill method rotary auger cable other _____

Hole size

_____ inch from _____ ft to _____ ft hole size continued
 _____ inch from _____ ft to _____ ft
 _____ inch from _____ ft to _____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing Drive shoe (yes/no) _____ Pitless adapter (yes/no) _____

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft
 Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) _____ Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0. _____				
	0. _____				

Bottom capped (yes/no) _____ with _____
 Seals / Packers (yes/no) kind _____ depth _____ ft
 Gravel packed (yes/no) from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no)

Explain _____
 (pumped, airlifted, bailed) for _____ hrs at _____ GPM.

Pump installed? (yes/no) _____ Date ____/____/____

Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand / gravel limestone sandstone

Main water-supply zone from _____ ft to _____ ft seepage well

Static water level _____ ft (below / above) GL; tape airline E-line estimate
 Pumping water level _____ ft below GL; tape airline E-line estimate
 At yield of _____ GPM; orifice volumetric estimate
 Measurements taken at _____ : _____ (AM / PM) Date ____/____/____

Water quality test? (yes/no) _____ Date tested ____/____/____

Tested by _____

Contractor R.R. Well Co. Inc.
 Address _____
 Driller _____ Certification no. _____