



# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

[www.ose.state.nm.us](http://www.ose.state.nm.us)

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER)				OSE FILE NUMBER(S)					
	WELL OWNER NAME(S)				PHONE (OPTIONAL)					
	WELL OWNER MAILING ADDRESS				CITY		STATE		ZIP	
	WELL LOCATION (FROM GPS)	DEGREES		MINUTES		SECONDS		* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84		
		LATITUDE				N				
	LONGITUDE				W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS										
2. OPTIONAL	(2.5 ACRE)	(10 ACRE)	(40 ACRE)	(160 ACRE)	SECTION		TOWNSHIP		RANGE	
	¼	¼	¼	¼			<input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH		<input type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER		UNIT/TRACT	
HYDROGRAPHIC SURVEY							MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER			NAME OF LICENSED DRILLER				NAME OF WELL DRILLING COMPANY		
	DRILLING STARTED		DRILLING ENDED	DEPTH OF COMPLETED WELL (FT)		BORE HOLE DEPTH (FT)		DEPTH WATER FIRST ENCOUNTERED (FT)		
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:									
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:									
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
	FROM	TO								
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)	
	FROM	TO								
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA							TOTAL ESTIMATED WELL YIELD (GPM)			

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<b>5. SEAL AND PUMP</b>	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				

  

<b>6. GEOLOGIC LOG OF WELL</b>	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?
	FROM	TO			
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL					

  

<b>7. TEST &amp; ADDITIONAL INFO</b>	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
ADDITIONAL STATEMENTS OR EXPLANATIONS:		

  

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	_____	_____
SIGNATURE OF DRILLER		DATE

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