

1. DRILLING PERMIT NO. 96-96-N-150
Other IDWR No. _____2. OWNER:
Name Hank Hester
Address Box 142
City Priest River State Idaho Zip 838563. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N					

Twp. 53 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 22 SW 1/4 SE 1/4 SW 1/4
Gov't Lot 10 County Boone
Lat: _____ Long: _____
Address of Well Site Highway 95
Parks Rd. City Arden
(Give at least corner or road - Direction to Road or Landmark)
L. B Bk. _____ Sub. Name Bright Star

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Feet	
Bentonite	0	20	6	overlaid

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	20	250	Steel	☒	☐	☐	☐
4	-10	450	125	PVC	☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Saw Cut
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
450	390	10x10	40	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Boiler

Yield gal/min.	Drawdown	Pumping Level	Time
55			4 Hours

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Down	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
0	0	9	Sand and Gravel		
9	20		GRANITE		
20	143		BRONITE		
143	145		Fractured GRANITE		
145	150		weathered GRANITE		
150	152		White Quartz		15
152	310		GRANITE		
310	311		Fractured GRANITE		
311	422		GRANITE		
422	430		Fractured GRANITE		20
430	441		GRANITE		
441	442		Fractured GRANITE		335
442	450		GRANITE		

Completed Depth 450 (Measurable)
Date: Started 10-9-97 Completed 10-14-97

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Hester Well Drilling Inc. Firm No. 528
Firm Official [Signature] Date 10-22-97
and [Signature]
Supervisor or Operator C. Mark Hester Date 10-14-97
(Sign once if Firm Official & Operator)

SWSESW 22 SE 1/4 3W

PERMIT
759976