

WELL DRILLER'S REPORT

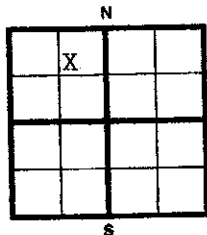
Twp. 1/4 Rge. 1/4 Sec. 1/4
Lat. : : Long. : :

WELL TAG NO. D0022319
Drilling Permit No. _____
or IDWR No. _____

OWNER Jame SCOTT, GORDON Well Number: 419

Address 4482 E. OGARA RD.
City HARRISON State ID Zip 83833

LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 47N ☒ North or ☐ South
Rge. 3W ☐ East or ☒ West
Sec. 17 NE 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long. : :

Address of Well Site SANE City HARRISON

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

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	Sacks or Pounds	
BENTONITE	0	20	10	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	33	.250	STEEL	☒	☐	☒	☐
6	+2	200	.250	STEEL	☒	☐	☒	☐
4	-160	300	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-280	300	.10		4	PVC	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 225 ft. Describe access port or control devices: _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
20			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 225

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	Top Soil	☐	☐
10	3	33	Clay & Sand	☐	☐
8	33	45	Basalt	☐	☐
8	45	75	Broken Basalt	☐	☐
8	75	80	Large Broken Basalt	☐	☐
8	80	120	Basalt w/Tan Clay	☐	☐
8	120	190	Basalt w/Green Clay	☐	☐
8	190	225	Basalt w/ Gray Clay	☐	☐
8	225	235	Basalt w/ Some Clay	☐	☐
8	235	250	Basalt	☐	☐
8	250	300	Basalt w/occasional Frac	☐	☐

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IDWR / NORTH

Completed Depth 300 (Measurable)
Date: Started 6/24/02 Completed 6/26/02

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 H2O WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and Supervisor or Operator _____ Date _____

(Sign Once if Firm Official and Operator)

Jim McLeslie

SCOTT