

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA

Subcase # 85-15726

(Insert water right number)

Case 39576

STANDARD FORM 4

MOTION TO FILE:

☒ LATE NOTICE OF CLAIM

☐ AMENDED NOTICE OF CLAIM

INSTRUCTIONS

This form is used to file a late Notice of Claim or an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the SRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form. If you copy or reproduce this form, please copy on both sides with the even-number pages upside down.

The water right number for your late or amended claim must be indicated above in the blank space following "Subcase." You must use a **separate form for each** late or amended Notice of Claim.

This form has been adopted by the court in *SRBA Administrative Order 1, Rules of Procedure* (amended Sept. 30, 1996), Section 4, which may be consulted for further information.

By filing a *Motion to File a Late Notice of Claim* or a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

I have attached:

- ☒ A fully completed Notice of Claim (available from IDWR).
- ☒ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. § 42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 25.00
- ☒ A claim filing fee and a late claim fee for those claims other than a domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 0.

Follow these instructions regarding the hearing on this motion.

1. Contact the Clerk of the SRBA Court (208-736-3011) to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on \_\_\_\_\_  
(Insert Date and Time)  
at the SRBA courthouse, 253 Third Avenue North, Twin Falls, Idaho.

### MOTION TO FILE AN AMENDED NOTICE OF CLAIM

*A Motion to File an Amended Notice of Claim* may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

- ☐ I must amend my Notice of Claim to the use of water in the SRBA because:

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VERIFICATION (Must be completed)

State of Idaho

County of Nez Perce

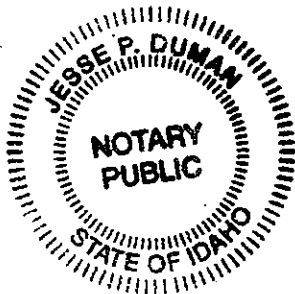
Michelle Kress, being first duly sworn, upon oath, deposes and says:  
(Insert name of person filing form)

That I am the party/claimant filing this motion for late or amended claim (as listed on Page 2) as defined by I.C. §§ 42-1401A(1) and (7) or that I am the attorney for the party/claimant filing this motion for late or amended claim and that I have read this motion, know its contents, and believe that the statements are true to the best of my knowledge.

Michelle Kress  
Signature of person filing motion

\_\_\_\_\_  
Attorney signing in representative capacity

Subscribed and sworn to before me on March 2nd, 2010  
(Insert Date)



Jesse P. Duman  
Notary Public for Idaho  
Residing at: Lewiston, 83501  
My Commission expires: 12/26/2014

INSTRUCTIONS FOR MAILING

You must mail this form, including all attachments, to the Clerk of the SRBA Court. **FAX filings will not be accepted by the SRBA Clerk of the Court.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

RECEIVED

MAR 04 2010

SRBA Form No. 42-1409-2 (Internet 1/09)

DEPARTMENT OF  
WATER RESOURCES

# IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 85-15726

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Received By: \_\_\_\_\_

## NOTICE OF CLAIM TO A WATER RIGHT

### ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Wade + Michelle Kress Phone (208) 743-7538Mailing Address 39700 Waha Rd Lewiston Id Zip 83501  
Street or Box City State2. Date of Priority: (Only one per claim) August 28<sup>th</sup>, 1993  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other ☐ (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_4. Location of Point of Diversion is: Township 33N, Range 4 West, Section 5  
SW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM., County of Nez Perce;Parcel (PIN) no. RP33N04W058400Additional points of diversion if any: None

If available, GPS coordinates: \_\_\_\_\_

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

Well 1128 feet deep  
+ Pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from Jan 1 to Dec 31 amount .04 cfs  
Month/Day Month/Day cfs ☐ or AFY ☐For Livestock purposes from Jan 1 to Dec 31 amount .02 cfs7. Total Quantity claimed .06 cfs ☒ or AFY ☐

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 25 head LivestockMain house domestic/irrigation and also rental house on property /domestic.

9. Location of Place of Use is: Township 33<sup>North</sup>, Range 4 West, Section 8 Northeast Quarter  
NE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. RP33N04W080600  
 for (Check One) Domestic ☐ Stock ☐ Domestic and Stock ☒ If different than shown in Item 4

Additional places of use, if any RP33N04W section 5 SE SE

10. In which county (ies) are lands listed above as place of use located? NEZ perce

11. Do you own the property listed above as place of use? Yes ☒ No ☐

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

None ☒

13. Remarks: There are (4) parcels that we use water on  
RP33N04W080600 , RP33N04W058600  
RP33N04W080751 , RP33N04W058400

14. Basis of Claim (Check One) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐ Decree ☐

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do ☐ wish to receive do not ☒ and pay a small annual fee for monthly copies of the docket sheet

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Michelle Kress Date: 2/24/10

Wade M Kress Date: 2/24/10

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_ of \_\_\_\_\_  
 Title Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_ of \_\_\_\_\_  
 Title Organization

And that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

16. Notice of Appearance.

Notice is hereby given that I \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**RECEIVED  
JAN 12 1994  
FEDERAL WRITER OR  
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>21 Ranch, Inc</u><br>Address <u>7570 Waka RD, Lewiston,</u><br>Drilling Permit No. <u>55-93-N-21-000</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | <b>7. WATER LEVEL</b><br>Static water level <u>950</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>55</u> °F. Quality <u>Good</u><br>Describe artesian or temperature zones below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                  |               |                      |                 |               |                |                      |                 |                    |                 |                      |                 |                |                  |  |          |           |            |                                                                                                                                                                                                                                                                                                                                                                                              |  |              |            |            |             |  |          |            |            |                                                                                                                                           |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>20</u></td><td><u>1128</u></td><td><u>2</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Discharge G.P.M. | Pumping Level | Hours Pumped         | <u>20</u>       | <u>1128</u>   | <u>2</u>       |                      |                 |                    |                 |                      |                 |                |                  |  |          |           |            |                                                                                                                                                                                                                                                                                                                                                                                              |  |              |            |            |             |  |          |            |            |                                                                                                                                           |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <b>9. LITHOLOGIC LOG</b> <u>89827</u><br><table border="1"><thead><tr><th>Bore Diam.</th><th>Depth From</th><th>To</th><th>Material</th><th>Water Yes No</th></tr></thead><tbody><tr><td><u>10</u></td><td><u>0</u></td><td><u>6</u></td><td><u>Over Burden</u></td><td> </td></tr><tr><td><u>10 1/2</u></td><td><u>6</u></td><td><u>90</u></td><td><u>Basalt</u></td><td> </td></tr><tr><td><u>8</u></td><td><u>90</u></td><td><u>130</u></td><td><u>Caving Clay &amp; shale</u></td><td> </td></tr><tr><td><u>8 1/2</u></td><td><u>130</u></td><td><u>250</u></td><td><u>Lava</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>250</u></td><td><u>300</u></td><td><u>Shale</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>300</u></td><td><u>510</u></td><td><u>Lava</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>510</u></td><td><u>740</u></td><td><u>Basalt</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>740</u></td><td><u>750</u></td><td><u>Red clinkers</u></td><td> </td></tr><tr><td><u>8</u></td><td><u>750</u></td><td><u>850</u></td><td><u>Hard Basalt</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>850</u></td><td><u>900</u></td><td><u>Red clinkers</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>900</u></td><td><u>1000</u></td><td><u>Hard Basalt</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>1000</u></td><td><u>1020</u></td><td><u>Red clinkers</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>1020</u></td><td><u>1080</u></td><td><u>Hard Basalt</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>1080</u></td><td><u>1100</u></td><td><u>Red clinkers</u></td><td> </td></tr><tr><td><u>6</u></td><td><u>1100</u></td><td><u>1128</u></td><td><u>Hard Basalt</u></td><td> </td></tr></tbody></table> |                                | Bore Diam.       | Depth From    | To                   | Material        | Water Yes No  | <u>10</u>      | <u>0</u>             | <u>6</u>        | <u>Over Burden</u> |                 | <u>10 1/2</u>        | <u>6</u>        | <u>90</u>      | <u>Basalt</u>    |  | <u>8</u> | <u>90</u> | <u>130</u> | <u>Caving Clay &amp; shale</u>                                                                                                                                                                                                                                                                                                                                                               |  | <u>8 1/2</u> | <u>130</u> | <u>250</u> | <u>Lava</u> |  | <u>6</u> | <u>250</u> | <u>300</u> | <u>Shale</u>                                                                                                                              |  | <u>6</u> | <u>300</u> | <u>510</u> | <u>Lava</u> |  | <u>6</u> | <u>510</u> | <u>740</u> | <u>Basalt</u> |  | <u>6</u> | <u>740</u> | <u>750</u> | <u>Red clinkers</u> |  | <u>8</u> | <u>750</u> | <u>850</u> | <u>Hard Basalt</u> |  | <u>6</u> | <u>850</u> | <u>900</u> | <u>Red clinkers</u> |  | <u>6</u> | <u>900</u> | <u>1000</u> | <u>Hard Basalt</u> |  | <u>6</u> | <u>1000</u> | <u>1020</u> | <u>Red clinkers</u> |  | <u>6</u> | <u>1020</u> | <u>1080</u> | <u>Hard Basalt</u> |  | <u>6</u> | <u>1080</u> | <u>1100</u> | <u>Red clinkers</u> |  | <u>6</u> | <u>1100</u> | <u>1128</u> | <u>Hard Basalt</u> |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <u>10 1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>90</u>       | <u>130</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Caving Clay &amp; shale</u> |                  |               |                      |                 |               |                |                      |                 |                    |                 |                      |                 |                |                  |  |          |           |            |                                                                                                                                                                                                                                                                                                                                                                                              |  |              |            |            |             |  |          |            |            |                                                                                                                                           |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
| <u>8 1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <b>10. WORK STARTED</b> <u>8/2/93</u> <b>FINISHED</b> <u>9/2/93</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                  |               |                      |                 |               |                |                      |                 |                    |                 |                      |                 |                |                  |  |          |           |            |                                                                                                                                                                                                                                                                                                                                                                                              |  |              |            |            |             |  |          |            |            |                                                                                                                                           |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>4" PUL</u><br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>25 1/2</u> inches</td><td><u>9</u> inches</td><td><u>1</u> feet</td><td><u>19</u> feet</td></tr><tr><td><u>25 1/2</u> inches</td><td><u>6</u> inches</td><td><u>12</u> feet</td><td><u>233</u> feet</td></tr><tr><td><u>25 1/2</u> inches</td><td><u>4</u> inches</td><td><u>12</u> feet</td><td><u>1100</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input checked="" type="checkbox"/> Gun<br>Size of perforation <u>250</u> inches by <u>7</u> inches <u>561</u> 5600<br>Number <u>60</u> perforations <u>1100</u> feet <u>1040</u> feet<br>perforations <u> </u> feet <u> </u> feet<br>perforations <u> </u> feet <u> </u> feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>Well Seal CSM</u><br><u>BE REMOVED</u> |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Diameter                       | From             | To            | <u>25 1/2</u> inches | <u>9</u> inches | <u>1</u> feet | <u>19</u> feet | <u>25 1/2</u> inches | <u>6</u> inches | <u>12</u> feet     | <u>233</u> feet | <u>25 1/2</u> inches | <u>4</u> inches | <u>12</u> feet | <u>1100</u> feet |  |          |           |            | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm <u>BURNS WELL DRILLING, INC.</u> Firm No. <u>103</u><br><u>RT. 2 BOX 615</u><br>Address <u>GRANGEVILLE, ID 83800</u> Date <u>9/6/93</u><br>Signed by (Firm Official) <u>G. R. Burns</u><br>and<br>(Operator) <u>Scott D. Chin</u> |  |              |            |            |             |  |          |            |            |                                                                                                                                           |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>25 1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <u>25 1/2</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table><br>County <u>Nez Perce</u><br><u>SE 1/4 SW 1/4 Sec. 5 T. 33 S. R. 4 W. 4</u><br>Subdivision Name _____<br>Lot No. _____ Block No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                  |               |                      |                 |               |                |                      |                 | W                  |                 |                      |                 | E              |                  |  |          |           |            |                                                                                                                                                                                                                                                                                                                                                                                              |  |              |            |            | S           |  |          |            |            | <b>12. ADDITIONAL INFORMATION</b><br><u>RECEIVED</u><br><u>SEP 09 1993</u><br><u>NORTHERN REGION</u><br><u>IDWR</u><br><u>FEB 09 1995</u> |  |          |            |            |             |  |          |            |            |               |  |          |            |            |                     |  |          |            |            |                    |  |          |            |            |                     |  |          |            |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |          |             |             |                     |  |          |             |             |                    |  |
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