

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4		1/4	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D0051934

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

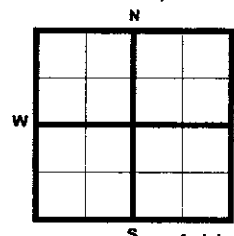
Name KIECKER, AUDREY

Well Number: _____

1309Address 15702 N. 3 FORKS RD.City HAUSER State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 52N ☒ North or ☐ SouthRge. 05W ☐ East or ☒ WestSec. 31 1/4 SW 1/4 NE 1/4Gov't Lot _____ County KOOTENAI

Latitude: _____ Longitude: _____

Address of Well Site SAMECity HAUSER

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

Lt. 1 Blk. 1 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	59	650 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	59	.250	STEEL	☒	☐	☒	☐
4	-5	360	.200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
325	360	1/4 X 6	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.Depth flow encountered 355 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6			1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: GOODDepth first Water encountered 135

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
		0		☐	☐
10	0	2	Top Soil	☐	☒
10	2	12	Clay, Sand, Brown Med	☐	☒
10	12	54	Decomposed Brown Granite	☐	☒
10	54	59	Black/White Med. Granite	☐	☒
6	59	135	Black/White Med. Granite	☐	☒
6	135	140	White/Gray Fract. Granite 1 gpm	☒	☐
6	140	212	Black/White Med. Granite	☐	☒
6	212	228	White/Gray Granite	☐	☒
6	228	235	Black/White Med. Granite	☐	☒
6	235	244	White/Gray Fractured Granite 1 gpm	☒	☐
6	244	350	Black/White hard Granite	☐	☒
6	350	360	Wh/Grn/Blck Hard Fract Granite 4gpm	☒	☐

Completed Depth 360 (Measurable)
Date: Started 5/23/2007 Completed 5/25/2007

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 5/25/07

BOB KERN

(Sign Once if Firm Official and Operator)