

#1 well - west end west tanks rd 1/2 mi N 1/2 10' deep

Form 238-7
8-93

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

676-9129

EXTD

1. DRILLING PERMIT NO. 96-98-N-314

Other IDWR No. _____

2. OWNER:

Name Hank J. Hester

Address Rt 1 Box 142

City Priest River State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		T. <u>53</u>		North	or	South
W		R. <u>3</u>		East	or	West
S		Sec. <u>22</u>		Gov'l Lot _____ County _____		

Address of Well Site Parks Rd and Hwy 95

(Give 61-66 Direction, Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/ALTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pouches		
Bentonite	0	20	7		Overbored

Was drive shoe seal tested? YES NO How? _____

8. CASING/LINER:

Diameter	From	To	Queue	Casing	Unbr.	Steel	Plastic	Reinforced	Threaded
8"	42	160	250	X		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 160'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Telephone Size	Casing	Unbr.
						☐	☐
						☐	☐
						☐	☐

10. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Primary Depth	Time
5 GPM			6 Hours

Temperature of water _____ Was a water analysis done? Yes ☐ No ☐

By whom? _____

Water Quality (odor, etc.) _____

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

200' below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore O.A.	From	To	Remarks: Lithology, Water Quality & Temperature	GPIs	SVN
10	0	6	CLAY BURIED		
10	6	110	SAND AND GRAVEL		
10	120	125	CRANITE		
10	125	135	SAND AND GRAVEL		
10	135	140	CRANITE		
10	140	145	CRANITE		
10	145	155	Fractured Granite	2	
10	155	175	CRANITE		
10	175	180	Fractured Granite	3	
10	180	190	CRANITE		
10	190	210	Fractured Granite		
10	210	220	CRANITE		

RECEIVED

JAN 14 1994

NORTHERN REGION
IDWR

95-12470

Date Started 11-24-93 Completed 12-1-93

13. DRILLER'S CERTIFICATION

(We certify that all minimum well construction standards were complied with the time the rig was removed.)

Firm Name NESTER WELL DRILLING Firm No. 52

Firm Official [Signature] Date 1-13-94

Supervisor or Operator C. Mark L. [Signature] Date 1-13-94

(Sign once if Firm Official (Supervisor))

SPANNED

2002-9-1-2009

1. DRILLING PERMIT NO. 9C - 95 - N - 0040 - 000

Other IDWR No.

2. OWNER:

Name Don Page
Address 1220 W. Hanley Ave.
City Coeur D'Alene State ID No. 93814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 53N North ☐ or South ☒
 Age. 03W East ☒ or West ☐
 Sec. 21 $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$
 Gov't Lot _____ County Koochichewi 10 acres 40 acres 160 acres
 Address of Well Site corner HWY 25 & Parka Rd. City _____
(Give at least name of road - Distance to Road or Landmark)

LT. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☐ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	15 sacks	From bag

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Coating	Layer	Weight	Thickness
1	+2	139	.02	steel	☐	☐	☐	☐
1	-10	560		styc	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method skill saw

Screens **Screen Type** _____

From	To	Slot Size	Number	Diameter	Material	Calving	Line
1000	1000					□	□
						□	□
						□	□

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Fluid gal/min	Drawdown	Pumping level	Time
2		530	2 hours

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name Scale Pump & Supply, Inc. Firm No. 637

Firm Official Karl Fuchs Date 3-30-99

and

Supervisor or Operator Paul M. [Signature] Date 1-31-78
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

000/2002

COLDWELL BANK NORTH

18:30 FAX 208 772 4883

95-12470

SCANNED
07/17/20
JUL 16 2009

#3 well - near Hwy 95 (to 1000)

Form 238-7

3/95

Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 95-96-N-126-000

Other IDWR No

2. OWNER

Name GAGE, DON

Well Number:

415

Address 1220 W HANLEY

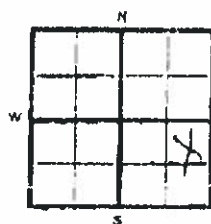
City CDA

State ID

Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53 North or South

Rge. 03 East or West

Sec. 21 N2 1/4 NE 1/4 SE 1/4

Gov't Lot County KOOTENAI

Lat: Long:

Address of Well Site Corner of Hwy95/Park

City

(Give at least name of road - Distance to flow or landmark)

Lt. Bk. 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	76	12 sacks	Crumbles

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Inner
6	+2	76	250	STEEL	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method☐ Screens Screen Type

From	To	Sieve Size	Number	Diameter	Material	Casing	Inner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

17.1 ft. below ground Artesian pressure lb

Depth flow encountered ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
1 GPM			1.5 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAN

Depth first Water encountered 180

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
0	0	76	Topsoil Brown	☐	☒
76	76	100	Cobbles Gravel Sands	☐	☒
100	100	105	Granite Black & White Hard	☐	☒
105	105	135	Granite Black & White Hard	☐	☒
135	135	140	Granite Black & White Fracture	☐	☒
140	140	160	Granite Black & White Medium	☐	☒
160	160	175	Granite Black & White Med to Soft	☐	☒
175	175	180	Granite Black & White Fracture	☒	☐
180	180	280	Granite Black & White Hard	☐	☒
280	280	340	Granite Black & White W/Clay Mediu	☐	☒
340	340	500	Granite Black & White Med to Hard	☐	☒
500	500	580	Granite Black & White Hard	☐	☒
580	580	600	Granite Black & White Medium	☐	☒
600	600	700	Granite Black & White Medium to Har	☒	☐
700	700	720	Granite Black & White Hard	☐	☒
720	720	0	(1x6) Well Seal Bolt On Cap	☐	☐

Completed Depth 720' (Measurable)

Date: Started 06/26/96 Completed 06/27/96

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 Well Service, Inc. Firm No. 448

Firm Official Date 7-22-96

and Supervisor or Operator Mark L. Lee Date 7/19/96

(Sign Only if Firm Official and Operator)

95-12470

SCANNED

ADDENDUM NO. 02

To Agreement dated JULY 06, 2000 between GAGE
and SCHAFER, concerning property located at HWY 95 AND W. PARKS ROAD

The parties agree as follows: _____

- ① CLOSE OF ESCROW TO BE ON OR BEFORE FEBRUARY 28, 2001
WITH AUTOMATIC EXTENSIONS OF THIRTY (30) DAYS IF ESCROW
CANNOT BE CLOSED DUE TO PLANNING AND ZONING DELAYS
ASSOCIATED WITH BUYERS APPLICATION FOR A CONDITIONAL
USE PERMIT. AUTOMATIC EXTENSIONS NOT TO EXCEED
BEYOND APRIL 30, 2001 UNLESS AGREED TO IN WRITING BY
BUYER AND SELLER.

This Addendum, upon its execution by both parties, is made a part of the above Agreement.

Seller/Lessor [Signature]

Date NOV 20, 00

Seller/Lessor Nancy Lee Gage

Date Nov. 20, 2000

Buyer/Lessee B-15dk

Date 11/20/00

Buyer/Lessee _____

Date _____

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

Rev. by _____
Date _____

SCANNED

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 MAR 31 AM 9: 22

1. The name of the limited liability company is:

BIG CABIN PROPERTIES LLC.

STATE OF IDAHO

2. The street address of the initial registered office is:

8468 EAST SCENIC BAY DR., COEUR D'ALENE, ID 83814

and the name of the initial registered agent at the above address is:

BRIAN L. SCHAFER

3. The mailing address for future correspondence is:

PO BOX 1030, COEUR D'ALENE, ID 83816

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

BRIAN L. SCHAFER

PO BOX 1030, COEUR D'ALENE, ID 83816

6. Signature of at least one person responsible for forming the limited liability company:

Signature: B. L. Schaffer

Typed Name: BRIAN L. SCHAFER

Capacity: PRESIDENT

Signature: B. L. Schaffer

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corp\forms\LLC\forms\articles\organization p65
Revised 07/2002

IDAHO SECRETARY OF STATE
03/31/2003 05:00
CK: 1403 CT: 160728 BH: 671715
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 23458