

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0035488Drilling Permit No: 824623

Other IDWR No. _____

2. OWNER

Well Number: _____

Name Viking Construction #2

833

Address 2605 W Hayden AveCity Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		E		S		W	

Twp. 53 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 31 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site Wendler Loop
City Twin Lakes

(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	450 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	408	.250	Steel	☒	☐	☒	☐

Length of Headpipe 5 Length of Tailpipe 10

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type Stainless Steel Tele

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
415	420	20	5	6	S.S.	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

370 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
10-12			2hrs

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: ClearDepth first Water encountered 370

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	8	Sand, Top Soil w/ gravel	☐	☒
8	8	218	Sand & Gravel Course	☐	☒
8	218	314	Sand & Gravel w/ Clay Brownish	☐	☒
8	314	375	Cemented Sand, some gravel brownish	☒	☐
8	375	421	Sand & Gravel Gravelish	☐	☒
8	421	430	Cemented Sand Brown	☐	☒

RECEIVED
OCT 04 2004
IDWR/North

Completed Depth 430 (Measurable)Date: Started 9/24/2004 Completed 9/27/2004

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. 448Firm Official [Signature] Date 09-28-04

and

Supervisor or Operator

Louie Hanner

(Sign Once If Firm Official and Operator)

Date 09/28/04

SCANNED

95-12884

JUL 30 2009

53N 4W 31