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Form 238-7
3/95

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096614

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

**1. DRILLING PERMIT NO.** 94-96-N-21
Other IDWR No. _____

**2. OWNER:**
Name LARRY LEHTO
Address PO Box 444
City KINGSTON State ID Zip 83839

**3. LOCATION OF WELL by legal description:**
Sketch map location must agree with written location.

N / W / E / S

Twp. 48 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 7, 10 acres 1/4 NE 40 acres 1/4 SW 160 acres 1/4
Gov't Lot ____ County SHOSHONE
Lat: : : Long: : :
Address of Well Site 3 MILE up E FK FRENCH Gulch THEN LEFT 3 MILE City KINGSTON
(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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| BENTONITE | 0 | 20 | 8 BAGS | TEMIE PIPE |
| | | | | |
| | | | | |

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

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +1 | 238 | 280 | STEEL | ☒ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe — Length of Tailpipe _____

**9. PERFORATIONS/SCREENS**
☐ Perforations Method NO
☐ Screens Screen Type _____

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | NO | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
193 ft. below ground Artesian pressure — lb.
Depth flow encountered 236 ft. Describe access port or control devices: _____

NESW 7 48N 2E

**11. WELL TESTS:**
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 15+ | MAX | 230 | 2HRS |
| | | | |
| | | | |

Water Temp. Cold Bottom hole temp. —
Water Quality test or comments: NONE
Depth first Water Encountered _____

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 6 | 0 | 33 | BRN CLAY + GRAVEL | | X |
| | 33 | 41 | RED SHALE | | 1 |
| | 41 | 76 | BRN " | | 1 |
| | 76 | 84 | " CLAY WET | X | 1 |
| | 84 | 125 | CLAY + SHALE BRN | | X |
| | 125 | 159 | BRN CLAY + SHALE GRAVEL | | 1 |
| | 159 | 171 | RED SHALE | | 1 |
| | 171 | 206 | STICKY GRAY CLAY | | X |
| | 206 | 209 | SHALE GRAVEL | X | |
| | 209 | 228 | CLAY | X | X |
| | 228 | 238 | SHALE GRAVEL | X | |

Completed Depth _____ (Measurable)
Date: Started 6-28-96 Completed 7-16-96

**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 BRAND X WATER WELLS Firm No. 028
Firm Official Landon Cordon Date 7-19-96
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES