

WELLED DRILLER'S REPORT

77868

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

1. WELL TAG NO. D5557

Drilling Permit No: 95-98-N-20 NOV 20 1998
Other IDWR No.

2. OWNER

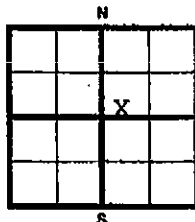
Name RUSSELL THOMAS Well Number: 807

Address 1837 CRESCENT AVE.

City EUGENE State OR Zip 97408

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 02 ☐ East or ☒ West
Sec. 28 NW 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long: : :

Address of Well Site WOLF LODGE

City CDA

(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	Secks or Pounds	
BENTONITE	0	23	5 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 23

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	23	.250	STEEL	☒	☐	☒	☐
4	-8	263	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
223	263	1/8X4	170	4	PVVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7 GPM			

Water Temp. COLD Bottom Hole Temp _____

Water Quality test or comments: GOOD

Depth first Water encountered 64'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	23	Clayish Soil W/Cobble	☐	☒
6	23	60	Shale Light Blue Soft	☐	☒
6	60	68	Shale Greenish Gray Fractured W/4gp	☒	☐
6	68	230	Shale Gray & Green Medium	☐	☒
6	230	241	Shale Gray & Green Fractured W/3gp	☒	☐
6	241	263	Shale Gray & Green Medium	☐	☒

Completed Depth 263' (Measurable)

Date: Started 11/9/98 Completed 11/9/98

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 N20 WellService, Inc. Firm No. 448

Firm Official [Signature] Date 11/10/98

and Supervisor or Operator [Signature] Date 11/10/98

(Sign Once if Firm Official and Operator)

(Louie Hanner)

50 N 2W 28