

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0044909

Drilling Permit No: 840356
Other IDWR No. _____

2. OWNER

Name Ken Nichols Well Number: 1174
Address 3010 E. Point
City Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 51		☒ North or ☐ South
W		Rge. 6		☐ East or ☒ West
E		Sec. 13		SE 1/4 SE 1/4 1/4
S		Gov't Lot		County <u>KOOTENAI</u>
		Lat: : : Long: : :		
		Address of Well Site <u>S. Waterford Loop East</u>		
		City <u>Hauser</u>		

(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	75	1100	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-5	280	SCH40	PVC	☐	☒	☐	☐
6	+2	108	.250	Steel	☒	☐	☒	☐

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
245	280	1/8x6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

52 ft. below ground Artesian pressure _____ lb.
Depth flow encounter _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			.5HR

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: clear

Depth first Water encountered 200

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
8	0	2	Top Soil	☐ Y	☒ N
8	2	2	Sandy Loam	☐ Y	☒ N
8	21	47	Sand with some gravels	☐ Y	☒ N
8	47	8	sand with clay	☐ Y	☒ N
8	8	108	Gravels with Clay	☐ Y	☒ N
6	108	195	Granite	☐ Y	☒ N
6	195	205	Granite	☒ Y	☐ N
6	205	242	Granite	☐ Y	☒ N
6	242	280	Granite	☒ Y	☐ N

RECEIVED
JUN 29 2006
IDWR/North

Completed Depth 280 (Measurable)
Date: Started 6/23/2006 Completed 6/26/2006

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 Todd Morgan Date 6-28-06
and
Supervisor or Operator Todd Morgan Date 06/27/06
Todd Morgan (Sign Once If Firm Official and Operator)

51N 6W 13