

RECEIVED

Use Typewriter
or
Ball Point Pen

MAY 19 1994

Northridge, California
1000

11. WELL TESTS:

☐ Pump ☐ Balloon ☒ Air ☒ Clowd ☒ Angelan

Name RON CAVALIN

Address 1410 LINCOLN NY

City COEUR D'ALENE State ID Zln 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W X E
 Twp. 50N North ☒ or South ☐
 Rge. 4W East ☐ or West ☒
 Sec. 9 1/4 SW 1/4 NW 1/4
 Gov't Lot _____ County KOOTENAI 160 acres

Address of Well Site EAST RIVERVIEW DR.
ACROSS FROM MILL City

Li. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

8. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other.

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	25	8	OVERSORE

Was drive shoe used? ☒ YES ☐ NO

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Coating	Line	Welds	Threads
6"	+2	205	250		10	☐	☐	☐
						☐	☐	☐
						☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method
1	1
2	2
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100	100

Screens	Screen Type
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From	To	Blot Size	Number	Chemistry	Material	Casing	User
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure lb.

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

~~SWNW 9 50N 4w~~

FORWARD WHITE COPY TO WATER RESOURCES

12. LITHOLOGIC LOG: (Describe type/size of rock formation)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name UNITED DRILLING INC. Firm No. A14

Fkm Official, [Signature] Date 4-15-94

Supervisor or Operator Larry Christensen on Date 4/15/94
(Sign once if Firm Official & Operator)