

ENT'D

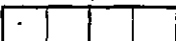
1. DRILLING PERMIT NO. 95-93-N-134-000
Other IDWR No. _____

2. OWNER:

Name Robert & Muriel Schini
Address 1208 Crestline
City Calhoun State Fl Zip 93814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 T. 50 North ☒ or South ☐
 E. R. 3 East ☐ or West ☒
 Sec. 16 1/4 NE 1/4 SE 1/4
 Gov't Lot 6 County Kootenai

Address of Well Site 6 PTN. 2E3

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

[illegible]

Was drive shoe seal tested? ☒ YES ☐ NO How? Air OPS.

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6	+1	-19	250			☒	☐	☒	☐
4	-10	425	160			☐	☒	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 19 ft.

Top Packer or Headpipe 120" x 4" Bottom Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method Saw Cut
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	TelePipe Size	Castling	Linear
325	425	1/8	180		NONE	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

NESE 16 50 N 3W

10. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian		NORTH CENTRAL REGION IDWR	
Yield gal./min.	Drawdown	Pumping Depth	Time
23			

Temperature of water 62 Was a water analysis done? Yes ☐ No ☒

By whom?

Water Quality (odor, etc.) NO Smell

Bottom Hole Temperature

11. STATIC WATER LEVEL:

120 ft. below surface Depth artesian flow found

Artesian pressure 1/b. Describe access port

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SW
8	0	19			
6	19	425			
0	12		Brown Shale	0	
12	100		Blue shale & soft spots of Brown shale	0	
100	425		Hard Blue Shale	23	

Date Started 7-16-93 Completed 7-20-93

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 AQUA Drilling & Exploration Inc. Firm No. 163

Firm Official Groff M. Braumlee Date 7-20-93

and
Supervisor or Operator W. Miller Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES