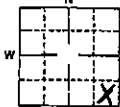


WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>BILL REAGAN</u> Address <u>210 SHERMAN AVE., CDA ID</u> Drilling Permit No. <u>95-93-N-128-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>30</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>GDDO</u> <i>Describe artesian or temperature zones below.</i>																																																										
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter Increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____																																																										
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>12 ESTIMATED</u></td> <td><u>200</u></td> <td><u>1</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>12 ESTIMATED</u>	<u>200</u>	<u>1</u>																																																				
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	9. LITHOLOGIC LOG 89610 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>15</td> <td>SHALE CLAY FILL</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>15</td> <td>30</td> <td>SHALE BROWN SOFT</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>30</td> <td>38</td> <td>SHALE GREY MED</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>38</td> <td>115</td> <td>SHALE GREY MED</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>115</td> <td>123</td> <td>SHALE GREY BROKEN MED</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>123</td> <td>170</td> <td>SHALE GREY MED</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>170</td> <td>178</td> <td>SHALE GREY SOFT</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>178</td> <td>200</td> <td>SHALE GREY MED</td> <td></td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	15	SHALE CLAY FILL		X		15	30	SHALE BROWN SOFT		X		30	38	SHALE GREY MED		X	6"	38	115	SHALE GREY MED		X		115	123	SHALE GREY BROKEN MED	X			123	170	SHALE GREY MED		X		170	178	SHALE GREY SOFT	X			178	200	SHALE GREY MED		X
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5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other: _____ <table style="width: 100%;"> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> <tr> <td>.250 inches</td> <td>6 inches</td> <td>+ 2 feet</td> <td>38 feet</td> </tr> <tr> <td>160 PSI</td> <td>4 inches</td> <td>20 feet</td> <td>200 feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? PVC ☒ Yes ☐ No DRILL How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>3/8</u> Inches by <u>3/8</u> Inches <table style="width: 100%;"> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> <tr> <td>240 perforations</td> <td>160 feet</td> <td>200 feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>38</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Overbore to seal depth ☐ Temp. surface casing Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>N/A</u>	Thickness	Diameter	From	To	.250 inches	6 inches	+ 2 feet	38 feet	160 PSI	4 inches	20 feet	200 feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	240 perforations	160 feet	200 feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	RECEIVED <u>AUG 10 1993</u> NORTHERN REGION DWR FEB 09 1995 Work started <u>7/12/93</u> finished <u>7/12/93</u>																														
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> Address of Well Site <u>FRENCH CULCH</u> (give at least name of road) T. <u>50N</u> N ☐ or S ☐ R. <u>3W</u> E ☐ or W ☐ <u>SE ¼ SE ¼ Sec. 5</u> ,	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC.</u> # <u>414</u> Address <u>P.O. BOX 1690</u> Date <u>7/14/93</u> <u>HAYDEN, ID 83825</u> Signed by Drilling Supervisor <u>[Signature]</u> and (Operator) <u>[Signature]</u> (If different than the Drilling Supervisor)																																																										

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

CHAFFEE PIN 0-7190-001-001-0

