

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D5083

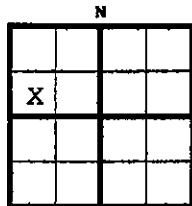
Drilling Permit No: 95-98-N-118
Other IDWR No. _____

2. OWNER

Name HILL, MIKE Well Number: 739
Address 15418 62ND ST SE
City SNOHOMISH State WA Zip 98290

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 49 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 04 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site MICA FLATS

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	Sacks or Pounds	
BENTONITE	0	18	3	GRANULAR

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	18	.250	STEEL	☒	☐	☒	☐
4	-3	78	.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
53	78	1/8X6	80	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

12 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 83 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+			1 HR

Water Temp. COLD Bottom Hole Temp _____

Water Quality test or comments: CLEAR

Depth first Water encountered 83

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Rock	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	2	TOPSOIL	☐	☒
10	2	12	Clay Tan	☐	☒
10	12	14	Clay W/Basalt	☐	☒
8	14	18	Clay Tan	☐	☒
8	18	26	Clay Tan	☐	☒
8	26	34	Clay Yellow	☐	☒
8	34	50	Clay Tan	☐	☒
8	50	53	Clay W/Basalt	☐	☒
8	53	83	Basalt Interbeds	☒	☐
	0	0	Bolt on well cap 8"	☐	☐
	0	0	Two 4"x8" Formation packers set @ 48	☐	☐

RECEIVED
JUL 31 1998
NORTHERN REGION
IDWR

Completed Depth 78' (Measurable)
Date: Started 7/27/98 Completed 7/27/98

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 475 WellService, Inc. Firm No. 448

Firm Official [Signature] Date 7/27/98

and Supervisor or Operator [Signature] Date 7/27/98

(Sign Once if Firm Official and Operator)

(Todd Morgan)

49 N 4 W 4