

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 00055570
 DRILLING PERMIT NO. 852828
 Water Right or Injection Well No. _____

2. OWNER:
 Name Steve Andre
 Address 4420 E Dodd Rd
 City Hauden State Id Zip 83835

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 51 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 5 NE 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site 4420 E. Dodd Rd.
 City Hauden
 (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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>C</u>	<u>25</u>	<u>7-5# bags</u>	<u>Overbored</u>

 Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 300' "Ring"
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +2</u>	<u>300'</u>	<u>250'</u>	<u>Steel</u>	☒	☐	☒	☐	

 Length of Headpipe N/A Length of Tailpipe N/A
 Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method Air Perforator
 Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>190</u>	<u>240</u>	<u>1/4x1</u>	<u>100</u>	<u>6</u>	<u>Steel</u>	☒	☐
<u>240</u>	<u>280</u>	<u>1/4x1</u>	<u>100</u>	<u>6</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>35</u>			<u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 190

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	20	Clay		X
8	20	110	Clay		X
8	110	190	Bisalt		X
8	190	220	Fractured Bisalt (15 GPM)	X	
8	220	236	Bisalt		X
8	236	240	Fractured Bisalt (10 GPM)	X	
8	240	269	Fractured Bisalt with Clay		X
8	269	271	Fractured Bisalt (10 GPM)	X	
8	271	300	Bisalt		X

RECEIVED

AUG 25 2008

IDWR/NORTH

Completed Depth 300' (Measurable)
 Date: Started 8-15-08 Completed 8-20-08

14. DRILLER'S CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling Inc. Firm No. 632
 Principal Driller C. Mark Horsley Date 8-20-08
 and
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

SIN 03W 05

FORWARD WHITE COPY TO WATER RESOURCES

ANDRE PIN 51N03W-05-0600

