Form 238-7
6/93

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

Use Typewriter or Ball Point Pen

**1. DRILLING PERMIT NO.** 95 - 94 - N - 54 - ____
Other IDWR No. ____

**2. OWNER:**
Name TOM & CHARLIE KNOLL
Address 2725 E. WILBER
City HAYDEN, State ID Zip 83835

**3. LOCATION OF WELL by legal description:**
Sketch map location must agree with written location.

N / W / E / S — X

T. 51N North ☒ or South ☐
R. 3W East ☐ or West ☒
Sec. 30, ____ 1/4 (10 acres) SW 1/4 (40 acres) NW 1/4 (160 acres)
Gov't Lot ____ County KOOTENAI

Address of Well Site END OF WILBER
(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**

| SEAL/FILTER PACK Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| BENTONITE | 0 | 28 | 6 | OVERBORE |
| | | | | |
| | | | | |
| | | | | |

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

**8. CASING/LINER:**

| Diameter | From | To | Guage | Casting | Liner | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|---|
| 6" | +2 | 28 | .250 | X | | ☒ | ☐ | ☒ | ☐ |
| 4" | 20 | 300 | 160 PSI | | X | ☐ | ☒ | ☒ | ☐ |
| | | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoes 28'
Top Packer or Headpipe ____ Bottom Tailpipe ____

**9. PERFORATIONS/SCREENS**
☒ Perforations Method ____
☐ Screens Type ____ Material ____

| From | To | Slot Size | Number | Diameter | Tele/Pipe Size | Casting | Liner |
|---|---|---|---|---|---|---|---|
| 240 | 300 | | 300 | 3/8" | | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. WELL TESTS:**
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Depth | Time |
|---|---|---|---|
| 3½ EST. | N/A | 300 | 1 HR. |
| | | | |
| | | | |

Temperature of water COLD Was a water analysis done? Yes ☐ No ☒
By whom? ____
Water Quality (odor, etc.) ____
Bottom Hole Temperature ____

**11. STATIC WATER LEVEL:**
40 ft. below surface Depth artesian flow found ____
Artesian pressure ____ lb. Describe access port ____
Describe Controlling Devices: ____

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)
WATER FOUND - N

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | GPM | |
|---|---|---|---|---|---|
| 3" | 0 | 1 | FILL | X | |
| | 1 | 2 | SOIL | X | |
| | 2 | 24 | CLAY, GRAVEL | X | |
| | 24 | 28 | SHALE GREY/TAN MED | X | |
| 6" | 28 | 52 | SHALE GREY/TAN MED | X | |
| | 52 | 120 | SHALE GREY MED | X | |
| | 120 | 135 | SHALE GREY/TAN SOFT | | |
| | 135 | 200 | SHALE GREY MED | X | |
| | 200 | 220 | SHALE GREY/TAN SOFT | X | |
| | 220 | 240 | SHALE GREY MED | | |
| | 240 | 265 | GRANITE B&W MED | X | |
| | 265 | 268 | GRANITE B&W BROKEN MED | | |
| | 268 | 300 | GRANITE B&W MED | X | |

Date: Started 3/28/94 Completed 3/29/94

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

Firm Name UNITED DRILLING INC. Firm No. 414
Firm Official [signature] Date 3-31-94
and
Supervisor or Operator ____ Date ____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

51N03W-30-8000

# HANSEN,& STEFFEN ~~TRUST~~ PIN ~~50N03W-20-6920~~