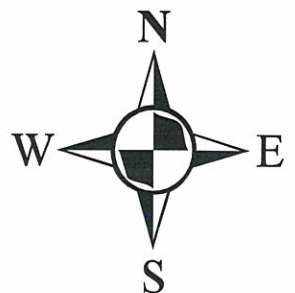
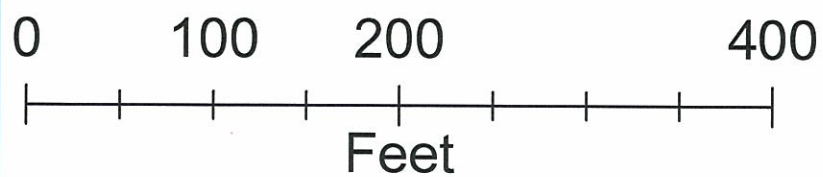


SCOTT



Legend

-  Township/Range
-  Sections
-  QQ
-  Taxlots



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

Drilling Permit No: _____
Other IDWR No. _____

Name SCOTT, DENNIS

Well Number:

869

Address BOX 631

City OSBURN State ID Zip 83849

sketch map location must agree with written location

A 4x4 grid with 'N' at the top and 'S' at the bottom. An 'X' is located in the third row from the top and the third column from the left.

Twp. 45 ☒ North or ☐ South
Rge. 03 ☒ East or ☐ West
Sec. 04 1/4 NW 1/4 SE 1/4

Gov't Lot County SHOSHONE

Lat: : : Long: : :

Address of Well Site POTLATCH RD

City CALDER

(Give at least name of road + Distance to Road or Landmark)

Lt.	Blk.	Sub. Name	
-----	------	-----------	--

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	25	6 BAGS	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 45

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

Diameter	From	To	Gauge	Material
6	+2	45	.250	STEEL
4	-10	405	.160	PVC

Casing Liner Welded Threaded

☒ ☐ ☒ ☐
☐ ☒ ☐ ☐

Length of Headpipe _____ Length of Tailpipe _____

☒ Perforations Method SKILLSAW

Screens	Screen Type
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
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96	96
97	97
98	98
99	99
100	100

From	To	Slot Size	Number	Diameter	Material
365	405	1/8X4	170	4	PVC

Casing ☐

Liner ☒

155 ft. below ground Artesian pressure _____ lb.

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2-3 GPM		400	2 HRS

Water Temp.	Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered

[illegible]

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

Firm Name **H2O WellService, Inc.** Firm No. **448**

Firm Official _____ Date 5/4/99

and

Supervisor or Operator _____ Date 5/4/99

(Sign Once if Firm Official and Operator)

(Louie Hanner)