

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0056786

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Marvin Anderson

Name _____

Address 28606 Ambassador Dr

City Benton City State WA Zip 99320

3. WELL LOCATION:

Twp. 44 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 25 1/4 SE 1/4 N/E 1/4 1/4

Gov't Lot _____ County Bendish

Lat. 47° 07' 00" (Deg. and Decimal minutes)

Long. 116° 39' 82" (Deg. and Decimal minutes)

Address of Well Site 1 mile up Dirty Lane

On left side City St. Maries

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>118</u>	<u>24 sacks</u>	<u>Powr</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>0</u>	<u>118</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4"</u>	<u>20</u>	<u>563</u>	<u>160 B</u>	<u>PVC</u>	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 118

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>500</u>	<u>563</u>	<u>24</u>	<u>240</u>	<u>4"</u>	<u>PVC</u>	<u>160 PSI</u>

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>N/A</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 383 Static water level (ft) 74

Water temp. (°F) 54° Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>2000</u>	<u>1 hour</u>

Test method:

Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: Clear

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
<u>10</u>	<u>0</u>	<u>15</u>	<u>Grey Clay-Hard</u>		
	<u>15</u>	<u>40</u>	<u>Grey Clay-Salt</u>		
<u>8</u>	<u>40</u>	<u>60</u>	<u>Shale-Salt</u>		
	<u>60</u>	<u>100</u>	<u>Shale-Broke-Salt</u>		
	<u>100</u>	<u>120</u>	<u>Grey Shale-Hard</u>		
<u>6</u>	<u>120</u>	<u>180</u>	<u>Hard Shale-Grey</u>		
	<u>180</u>	<u>220</u>	<u>Hard Shale-Grey</u>		
	<u>220</u>	<u>225</u>	<u>med Shale-Grey</u>		
	<u>225</u>	<u>240</u>	<u>Hard Shale</u>		
	<u>240</u>	<u>325</u>	<u>Hard Shale</u>		
	<u>325</u>	<u>340</u>	<u>med Shale</u>		
	<u>340</u>	<u>360</u>	<u>Hard Shale</u>		
	<u>360</u>	<u>380</u>	<u>med shale</u>		
	<u>380</u>	<u>383</u>	<u>med shale</u>		
	<u>383</u>	<u>400</u>	<u>Hard shale</u>		
	<u>400</u>	<u>563</u>	<u>Hard shale-grey</u>		

Completed Depth (Measurable): 563

Date Started: 5-25-10 Date Completed: 6-10-10

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 Action Drilling Co. No. 6018

*Principal Driller Calvin Carson Date 6-9-10

*Driller Calvin Carson Date 6-9-10

*Operator II Shawn Harrison Date 6-9-10

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.