

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 00055598
 DRILLING PERMIT NO. 853270
 Water Right or Injection Well No. _____

2. OWNER:
 Name Denis McQuade
 Address 1281 McClellan
 City Plummer State ID Zip 83851

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 46 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 19 1/4 1/4 1/4 1/4
 Gov't Lot _____
 County Beneva
 Lat: _____ Long: _____
 Address of Well Site 1281 McClellan
 City Plummer
 (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>0</u>	<u>80</u>	<u>125x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 179
 Was drive shoe seal tested? ☒ Yes ☐ No How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>-179</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-20</u>	<u>-503</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe none Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-460</u>	<u>-503</u>	<u>3/4</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 258 ft. Describe access port or control devices: _____

well cap

46N 05W 19

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>8 gpm</u>	<u>Air Lift</u>	<u>from 503'</u>	

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: clear no odor

Depth first Water Encounter 258

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>153</u>	<u>Clay - Tan</u>			
	<u>153</u>	<u>168</u>	<u>Gray Clay - w/shale</u>			
	<u>168</u>	<u>179</u>	<u>Shale - Gray</u>			
<u>6</u>	<u>179</u>	<u>258</u>	<u>Shale - Gray</u>			
	<u>258</u>	<u>259</u>	<u>Shale w/ water 19gpm</u>			☒
	<u>259</u>	<u>380</u>	<u>Shale - gray</u>			
	<u>380</u>	<u>381</u>	<u>Shale - gray w/water</u>			☒
			<u>19gpm</u>			
	<u>381</u>	<u>440</u>	<u>Shale - gray</u>			
	<u>440</u>	<u>445</u>	<u>Shale w/water</u>			☒
			<u>2 gpm</u>			
	<u>445</u>	<u>480</u>	<u>Shale w/water</u>			☒
			<u>4 gpm</u>			
	<u>480</u>	<u>503</u>	<u>Shale - gray</u>			
			<u>8 gpm total</u>			
			<u>@ 503</u>			

Completed Depth 503 (Measurable)

Date: Started 9-8-08 Completed 9-12-08

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 Action Drilling Inc. Firm No. 618

Principal Driller Alvin Carris Date 10-10-08

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES



POU

46N05W19NENE

RPN46N05W19005AA

WELL

RP46N05W19005BA