

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 D0046306
DRILLING PERMIT NO. 843174
Water Right or Injection Well No. _____

2. OWNER:
Name STEVEN J PURDY
Address 1010 PURDY LN.
City ST MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 45 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 21 1/4 S/W 1/4 N/W 1/4
Gov'l Lot _____
County BENEFICIAL
Lat: _____ Long: _____
Address of Well Site 1008 PURDY LANE
City ST MARIES
(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
Bentonite	0	50	105x	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 246'
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-246	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type formation Packer on 6' casing @ 50'

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-200	-246	1/8x16"	21	6"	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

98' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 200 ft. Describe access port or control devices:

Well Cap
45N 1W 21

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40 gpm	Air lift	from 260'	

Water Temp. 44° Bottom hole temp. _____
Water Quality test or comments: Slightly cloudy
Depth first Water Encounter 200

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	50	Basalt Broken		
	50	90	Clay - Tan		
	90	140	Clay - Gray		
	140	200	Clay - Brown		
	200	240	Clay - Brown w/ Basalt + water 40 gpm		
	240	260	Clay - Gray		

RECEIVED
NOV 29 2006
IDWR/North

Completed Depth 260 (Measurable)
Date: Started 10-20-06 Completed 10-22-06

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 11-20-06
and _____ Date _____
Driller or Operator II _____ Date _____
Operator I Alvin Carris Date 11-20-06
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.