

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUse Typewriter
or
Ball Point Pen

FEB 1 1994

Department of Water Resources 092755

1. DRILLING PERMIT NO. 92-93-N-23-000

Other IDWR No. _____

2. OWNER:

Name KEITH WISEAddress NCR-1 Box 3600City ST. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N	
W	
S	
E	
T. <u>45</u> North ☒ or South ☐	
E. R. <u>3</u> East ☐ or West ☒	
Sec. <u>26</u> NE 1/4 NE 1/4 1/4	
Gov't Lot _____ County <u>BENEFICIAL</u>	

Address of Well Site ALDER CREEK RD.

(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		AMOUNT		METHOD
Material	From	To	Sticks or Pounds	
<u>BENTONITE</u>	<u>0</u>	<u>-18.5</u>	<u>9</u>	<u>OVERBORE</u>

Was drive shoe seal tested? ☒ YES ☐ NO How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
<u>6"</u>	<u>1.5</u>	<u>-18.5</u>	<u>.25</u>			☒	☐	☐	☐
<u>4"</u>	<u>-5</u>	<u>-106</u>	<u>20019</u>	<u>PVC</u>		☐	☒	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 18.5
Top Packer or Headpipe -5 Bottom Tailpipe -106 (40' PACE)

9. PERFORATIONS/SCREENS

- ☒ Perforations Method SAW
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Liner
<u>-5</u>	<u>-106</u>	<u>8"</u>	<u>60</u>	<u>1/8"</u>		☐	☒
						☐	☐
						☐	☐
						☐	☐

NENE 76 45N 3W

10. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
<u>15</u>		<u>105</u>	<u>1 hr.</u>

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) CLEAR, CLEAN

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

50 ft. below surface Depth artesian flow found _____Artesian pressure _____ lb. Describe access port WELL CASE

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM
<u>10"</u>	<u>0</u>	<u>1</u>	<u>TAPSON - LOAMY - DARK BROWN</u>	
<u>10"</u>	<u>1</u>	<u>18.5</u>	<u>CLAY - BROWN - HARD DRY</u>	
<u>6"</u>	<u>18.5</u>	<u>56</u>	<u>CLAY - BROWN - HARD - DRY</u>	
<u>6"</u>	<u>56</u>	<u>59</u>	<u>BASALT - BROKEN - BROWN</u>	<u>15</u>
<u>6"</u>	<u>59</u>	<u>106</u>	<u>BASALT - HARD - BLACK</u>	<u>10</u>

RECEIVED

DEC 01 1993

NORTHERN REGION
IDWR

FEB 08 1994

Date Started 10/28/93 Completed 11/1/93

13. DRILLER'S CERTIFICATION

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

Firm Name ALWAYS DRILLING INC. Firm No. 510

Firm Official _____ Date _____

and _____

Supervisor or Operator Keith Wise Date 11/1/93

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES