Form 238-7
3/95
Starships Consulting and Management Services

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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096892

Office Use Only
Inspected by_____
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NORTHERN REGION TAG#D0003546
Other IDWR No. IDWR 95-97-N-151

2. OWNER **Well Number:** 647
Name Pritchett, Tom
Address PO BOX 458
City PLUMMER State ID Zip 83851

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N / W / E / S — X

Twp. 46 ☑ North or ☐ South
Rge. 05 ☐ East or ☑ West
Sec. 25 ____ 1/4 NW 1/4 NW 1/4
Gov't Lot ____ County BENEWAH
Lat: : : Long: : :
Address of Well Site SUNDANCE HILLS
City PLUMMER
(Give at least name of road + Distance to Road or Landmark)
____ 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/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	3 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☑	☐	☑	☐
4	-10	310	.160	PVC	☐	☑	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☑ Perforations Method SKILLSAW
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
250	270	1/8X4	70	4	PVC	☐	☑
290	310	1/8X4	70	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
125 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

NWNW 25 46N 5W

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 GPM			

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ Depth first Water encountered ____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	13	Clayish Topsoil	☐	☑
6	13	104	Shale W/Clay Seams	☐	☑
6	104	241	Shale Green & Brown Fractured	☐	☑
6	241	260	Shale Brown W/Clay W/Water 2-3 gp	☑	☐
6	260	300	Shale Green	☐	☑
6	300	320	Shale Gravel w/Clay Brown W/Water	☑	☐

Completed Depth 310' (Measurable)
Date: Started 1/6/98 Completed 1/7/98

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

Firm Name H20 WellService, Inc. Firm No. 448
Firm Official [signature] Date 1/7/98
and
Supervisor or Operator [signature] Date 1/7/98
(Sign Once if Firm Official and Operator)
(Louie Hanner)