

WELL DRILLER'S REPORT

Water Right or Injection Well No. _____

City St. maries State ID Zip 83861

(Give at least name of road + Distance to Road or Landmark)

☐ Thermal ☐ Injection ☐ Other

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	30	25 Sacks	Pour

Was drive shoe seal tested? ☒ Y ☐ N How? air

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-73	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Packer ☐ Y ☒ N Type _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

Filler Material	From	To	Weight / Volume	Placement Method

Depth flow encountered 65 ft. Describe access port or control devices: CSP

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 Gpm			

Water Quality test or comments: *Good no odor*

Depth first Water Encounter 68

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

6-0 all 6-10-0 all

Date: Started 6-8-04 Completed 6-10-04

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

Company Name All-way Drilling Inc Firm No. 100

1/23/04

Principal Driver Walter Noyes Date 6/1/110/

Driller or Operator II *D. H. Miller* Date *06/27/01*

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES