

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 0033589
DRILLING PERMIT NO. 812202
Water Right or Injection Well No. _____

2. OWNER:
Name John and Lori Stackow
Address 89181 Hwy 3
City St. Maries ID State ID Zip 83861

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. 2 East ☐ or West ☒
Sec. 8 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Beltz
Lat: _____ Long: _____
Address of Well Site Stackow 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
<u>Bentonite</u>	<u>0</u>	<u>-15</u>	<u>10 Sacks</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -100' and -405'
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-100</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒	☐
<u>5"</u>	<u>-90</u>	<u>-405</u>	<u>2.50</u>	<u>Steel</u>	☒	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method Torch
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-345</u>	<u>-400</u>	<u>1/4"</u>	<u>21</u>	<u>6" long</u>	<u>Steel</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
60 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 360 ft. Describe access port or control devices: CAP

12. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20+</u>			<u>4 1/2</u>

Water Temp. 52° Bottom hole temp. _____
Water Quality test or comments: cloudy 100' order
Depth first Water Encounter 345'

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>100</u>	<u>Brown Broken shale</u>	☒	☐
<u>6"</u>	<u>-100</u>	<u>-100</u>	<u>Gray med/Hard Shale</u>	☒	☐
<u>6"</u>	<u>-100</u>	<u>-200</u>	<u>Gray med/Hard Shale</u>	☒	☐
<u>6"</u>	<u>-200</u>	<u>-220</u>	<u>Gray Broken Shale</u>	☒	☐
<u>6"</u>	<u>-220</u>	<u>-345</u>	<u>Gray med Shale</u>	☒	☐
<u>6"</u>	<u>-345</u>	<u>-360</u>	<u>Gray med Shale</u>	☒	☐
<u>6"</u>	<u>-360</u>	<u>-390</u>	<u>Brown Broken Shale</u>	☒	☐
<u>6"</u>	<u>-390</u>	<u>-500</u>	<u>Brown/Gray Broken Shale</u>	☒	☐

RECEIVED
APR 29 2004
IDWR North

Completed Depth 405 (Measurable)
Date: Started 3/29/04 Completed 4/09/04

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 Allways Drilling Inc Firm No. 510
Principal Driller Stanley K. Wolfe Date 4/10/04
and
Driller or Operator II Donald K. Miller Date 4/10/04
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

46N 2W 8