Form 238-7
7/98
Starships Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

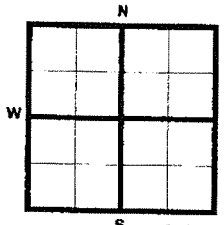
ENTERED

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

1. WELL TAG NO. D0053938
Drilling Permit No: 548806
Other IDWR No.

2. OWNER **Well Number:** 1352
Name BOLLER, CHARLES DAVID
Address 9424 REED RD
City HAYDEN State ID Zip 83835

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



Twp. 50N ☑ North or ☐ South
Rge. 03E ☑ East or ☐ West
Sec. 25 1/4 NW 1/4 SE 1/4
Gov't Lot ____ County SHOSHONE
Latitude: N47:34:740 Longitude: W116:24:768
Address of Well Site CdA River Rd. NFR2361
City PRITCHARD
(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/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	600 LBS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 36
Was drive shoe seal tested? ☐ Y ☑ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
6	+4	36	.250	STEEL	☑	☐	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
6 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 30 ft. Describe access port or control devices:
50N 3E 25

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

Yield gal./min.	Drawdown	Pumping Level	Time
30			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 18

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	2	Top Soil	☐	☑
10	2	6	Brown Clay	☐	☑
10	6	18	Gravel Med. Brwn Clay	☑	☐
6	18	36	Med. Gravel	☑	☐

RECEIVED
OCT 10 2007
IDWR/North

Completed Depth 36 (Measurable)
Date: Started 9/10/2007 Completed 9/10/2007

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 _____ Date 9-12-07
and
Supervisor or Operator _____ Date 9/10/2007
BOB KERN (Sign Once if Firm Official and Operator)