

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____	Long: _____		_____

1. WELL TAG NO. D 41587
 DRILLING PERMIT NO. 841424
 Water Right or Injection Well No. _____

2. OWNER:
 Name NATHAN WAATCOTT
 Address PO Box 251
 City KINGSTON State ID Zip 83839

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 48 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 12 1/4 NW 1/4 SE 1/4
 Gov't Lot _____
 County SHELBOURNE
 Lat: _____ Long: _____
 Address of Well Site 220 WEST FORK FRENCH
Guileh City KINGSTON
 (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>CEMENTITE</u>	<u>0</u>	<u>30</u>	<u>400 lbs</u>	<u>TEMP CASING</u>
				<u>DRILL OVERBORE</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 231'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>231</u>	<u>258</u>	<u>STEEL</u>	☒	☐	☒	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>NONE</u>							
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>NONE</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure _____ ft.
 Depth flow encountered 260 ft. Describe access port or control devices:
STEEL PLATE
48N IE 12

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12 +</u>	<u>MAX</u>	<u>230</u>	<u>1HR</u>

Water Temp. Cold Bottom hole temp. Cold
 Water Quality test or comments: WATER CLEARED TO
DRINKABLE IN 10 MIN. Depth first Water Encounter 256

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>38</u>	<u>CLAY + GRAVEL</u>		☒
	<u>38</u>	<u>85</u>	<u>SHALE</u>		☒
	<u>85</u>	<u>98</u>	<u>CLAY</u>		☒
	<u>98</u>	<u>108</u>	<u>" + SHALE</u>		☒
	<u>108</u>	<u>114</u>	<u>SHALE HARD</u>		☒
	<u>114</u>	<u>175</u>	<u>" + CLAY</u>		☒
	<u>175</u>	<u>228</u>	<u>CLAY VERY STICKY</u>		☒
	<u>228</u>	<u>252</u>	<u>SHALE VERY HARD</u>		☒
	<u>252</u>	<u>256</u>	<u>CLAY + SHALE</u>		☒
	<u>256</u>	<u>264</u>	<u>BROKEN SHALE</u>	☒	

RECEIVED
 SEP 18 2006
 IDWR/North

Completed Depth 264' (Measurable)
 Date: Started 8/30/06 Completed 9/12/06

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 BRAND X WATER WELLS Firm No. 289
 Principal Driller Linden Cordova Date 9/12/06
 and
 Driller or Operator II X Date X
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES