

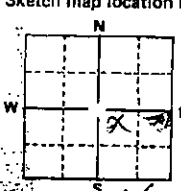
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WELL DRILLER'S REPORT

JAN 16 1978

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

Department of Water Resources

1. WELL OWNER Name <u>LORAIN CORDOVA MILLS</u> Address <u>RT 1 ROCKFORD, WY. 89230</u> Owner's Permit No. <u>95-77-N-134</u>	7. WATER LEVEL Static water level <u>90</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>60</u> ° F. Quality <u>Good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☒ Cap ☐ Plug																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other Discharge G.P.M. <u>66 PM</u> Draw Down <u>?</u> Hours Pumped <u>1 hr.</u>																																		
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>14</td><td>Gravel</td><td></td><td>X</td></tr><tr><td></td><td>14</td><td>39</td><td>Granite</td><td></td><td>X</td></tr><tr><td>6</td><td>39</td><td>175</td><td>Granite (Med)</td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td>66 PM AT 128</td><td></td><td></td></tr></tbody></table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	14	Gravel		X		14	39	Granite		X	6	39	175	Granite (Med)	X					66 PM AT 128		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																			
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>175</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness <u>2.50</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>39</u> feet ____ inches ____ inches ____ feet ____ feet ____ inches ____ inches ____ feet ____ feet ____ inches ____ inches ____ feet ____ feet ____ inches ____ inches ____ feet ____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation ____ inches by ____ inches Number ____ From ____ To ____ ____ perforations ____ feet ____ feet ____ perforations ____ feet ____ feet ____ perforations ____ feet ____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter ____ Slot size ____ Set from ____ feet to ____ feet Diameter ____ Slot size ____ Set from ____ feet to ____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from ____ feet to ____ feet Surface seal depth <u>23</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Sherry pit ☒ Temporary surface casing ☒ Overbore to seal depth																																			
6. LOCATION OF WELL Sketch map location must agree with written location. <u>95</u>  Subdivision Name _____ Lot No. <u>4</u> Block No. _____ County <u>KOOTENAI</u> NW 1/4 SE 1/4 Sec. <u>23</u> T. <u>49</u> N. R. <u>4</u> E/W	10. Work started <u>11/11/77</u> finished <u>11/14/77</u>																																		
	11. DRILLERS CERTIFICATION Firm Name <u>Associated Well Drillers, Inc.</u> Firm No. <u>345</u> Address <u>Box 723, C.D.A. Idaho</u> Date <u>11/14/77</u> Signed by (Firm Official) <u>Bob Thornton</u> and (Operator) <u>Robert F. Deyitz</u>																																		