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Form 238-7
6/93

ENT'D

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
APR 14 1994
Department of Water Resources

Use Typewriter or Ball Point Pen

1. DRILLING PERMIT NO. 95 - 94 - N - 37 - 000
Other IDWR No.

2. OWNER:
Name MR REED OLSON
Address HCR 2 BOX 163A
City HARRISON State ID Zip 83833

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

N / W / E / S — X

T. 49 North ☒ or South ☐
R. 03 East ☐ or West ☒
Sec. 12, ____ 1/4 (10 acres) ____ 1/4 (40 acres) NW 1/4 (160 acres) NW
Gov't Lot ____ County

Address of Well Site BEAUTY BAY ABOVE STORE
(Give at least Direction + Distance to Road or Landmark)

Lot No. ____ Block No. ____ Subd. Name

4. PROPOSED USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK
☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	19	5Sacks	POURED

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

8. CASING/LINER:

Diameter	From	To	Guage	Casing	Liner	Steel	Plastic	Welded	Threaded
6"	+2	19	.250			☐	☐	☐	☐
4"	-5	525	160psi		X	☐	☒	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 19'
Top Packer or Headpipe Bottom Tailpipe

9. PERFORATIONS/SCREENS Method SKILL SAW
☒ Perforations Type Material PVC
☐ Screens

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casing	Liner
465	525	1/8X4"	200			☐	☒
						☐	☐
						☐	☐
						☐	☐

NWNW 12 49N 3W

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

Yield gal./min.	Drawdown	Pumping Depth	Time
30GPM			

Temperature of water ____ Was a water analysis done? Yes ☐ No ☐
By whom?
Water Quality (odor, etc.)
Bottom Hole Temperature

11. STATIC WATER LEVEL:
120 ft. below surface Depth artesian flow found
Artesian pressure ____ lb. Describe access port
Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM
8	0	3	FILL	
8	3	17	GRANITE DECOMP BROWN	
8	17	19	GRANITE BLACK HARD	
6	19	45	GRANITE BLACK & BROWN MED	
6	45	94	GRANITE BLACK & WHITE MED	
6	94	109	GRANITE BLACK & GREEN MED	
6	109	116	GRANITE BLAKC HARD	
6	116	131	GRANITE BLACK & GREEN W/BROWN	
6	131	198	GRANITE BLACK & GREEN MED	
6	198	204	GRANITE BLACK & GREEN SOFT	
6	204	215	GRANITE BLACK & WHITE MED	
6	215	229	GRANITE BLACK & COPPER MED	
6	229	255	GRANITE BLACK & GRAYISH GREEN	
6	255	259	GRANITE GRAYISH W/WATER	2
6	259	443	GRANITE WHITE & BLACK MED	
6	443	465	GRANITE WHITE & GREEN SOFT	
6	465	492	GRANITE WHITE & BLACK W/GREEN	
6	492	495	GRANIE WHITE & BLACK W/GREEN	5
6	495	506	GRANITE BLACK & WHITE MED	
6	506	515	GRANITE BLACK & GREEN W/WATER	23
6	515	525	GRANITE BLACK & WHITE MED	

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MAR 14 1994
NORTHERN REGION
IDWR

FEB 09 1995

Date: Started 02/15/94 Completed 02/16/94

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with the time the rig was removed.

Firm Name H20 WELL SERVICE INC. Firm No. #448
Firm Official Date 3-9-94
and
Supervisor or Operator Date 2-25-
(Sign once if Firm Official & Operator)