

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 0039671  
 DRILLING PERMIT NO. 829355  
 Water Right or Injection Well No. \_\_\_\_\_

2. OWNER: Ray Mortenson  
Name Ray Mortenson  
Address 29486 S. Bow Rd  
City St. Maries State ID Zip 83861

**3. LOCATION OF WELL by legal description:**

**You must provide address or Lot, Blk, Sub. or Directions to well.**

Twp. 47 North ☒ or South ☐  
Rge. 2 East ☐ or West ☒  
Sec. 20 1/4 40 acres 1/4 40 acres 1/4 40 acres  
Gov't Lot \_\_\_\_\_  
Lat: : : Long: : :  
County Kootenai 160 acres

Address of Well Site SIA \_\_\_\_\_ City \_\_\_\_\_  
(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 |
|---------------|------|-----|-----------------|-----------------------|
| Bentonite     | 0    | -20 | 135 lbs         | Pour                  |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 300  
Was drive shoe seal tested? ☒ Y ☐ N How? air

**8. CASING/LINER:**

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6"       | +2   | 300 | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_  
Packer ☒ Y ☐ N Type Shale packer cut - 175

**9. PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method Torch  
Screen Type & Method of Installation

| From | To   | Slot Size | Number | Diameter | Material | Casing                              | Liner                    |
|------|------|-----------|--------|----------|----------|-------------------------------------|--------------------------|
| -300 | -240 | 6"        | 36     | 6"       | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |      |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |      |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |

## 10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|                 |      |    |                 |                  |
|                 |      |    |                 |                  |

## 11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

91 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered 160 ft. Describe access port or control devices: C9P

## 12. WELL TESTS:

☐ Pump    ☐ Bailer    ☒ Air    ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time  |
|-----------------|----------|---------------|-------|
| 15              |          |               | 2 hrs |
|                 |          |               |       |
|                 |          |               |       |

Water Temp. 47° Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: cloudy no odor

Depth first Water Encounter 180

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

[illegible]

Completed Depth 325 (Measurable)  
Date: Started 2/7/05 Completed 2/13/05

#### 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 Always Drilling Inc Firm No. 510

Principal Driller Dan K Wolfe Date 3/11/05

Driller or Operator II David K. Miller Date 3/11/25

Operator I \_\_\_\_\_ Date \_\_\_\_\_

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

FORWARD WHITE COPY TO WATER RESOURCES