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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
OCT 14 1998
NORTHERN REGION IDWR

77373

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

1. WELL TAG NO. D5301
Drilling Permit No: 94-98-N-32
Other IDWR No.

2. OWNER **Well Number:** 773
Name MORDEN, MIKE
Address 303 W RIVERSIDE
City KELLOGG State ID Zip 83837

POSTED

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

N / W / E / S

Twp. 48 ☑ North or ☐ South
Rge. 02 ☐ East or ☑ West
Sec. 23 1/4 SW 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site ROBINSON CREEK
City HARRISON
(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	30+	15-BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 357
Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	357	.250	STEEL	☑	☐	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method GRAVEL PACKED
☐ Screens Screen Type 22'

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

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

48N 2W 23

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

Yield gal./min.	Drawdown	Pumping Level	Time
15 TO 20 GPM			2 HR

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ Depth first Water encountered [redacted]

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	23	Clay Topsoil W/Cobble	☐	☑
8	23	39	Clay Yellowish Brown	☐	☑
8	39	57	Clay w/Silt Bluish	☑	☐
8	57	65	Clay Brown	☐	☑
8	65	78	Clay Gray	☐	☑
8	78	91	Clay W/Gravel Silty	☑	☐
8	91	117	Clay Light Brown	☐	☑
8	117	181	Silty Clay Some Gravel	☑	☐
8	181	197	Clay Yellowish Brown	☐	☑
8	197	203	Shale Hard	☐	☑
8	203	345	Clay W/Some Gravel Seams	☑	☐
8	345	357	Silty Gravel W/Water	☑	☐
	0	0	Bolt on Well Cap	☐	☐

Completed Depth 357' (Measurable)
Date: Started 9/22/98 Completed 9/23/98

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 1120 WellService, Inc. Firm No. 448
Firm Official [signature] Date 9/23/98
and
Supervisor or Operator [signature] Date 9/23/98
(Sign Once if Firm Official and Operator)
(Louie HANNER)