

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 00040444
 DRILLING PERMIT NO. 834599
 Water Right or Injection Well No. _____

2. OWNER:
 Name Jim Clark
 Address P.O. Box 131
 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. 49 North ☒ or South ☐
 Rge. 2 East ☒ or West ☐
 Sec. 28 1/4 S/E 1/4 N/E 1/4
 Gov't Lot _____ County Shoshone
 Lat: _____ Long: _____
 Address of Well Site 383 Reynolds Rd.
 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>Bentonite</u>	<u>0</u>	<u>45</u>	<u>14 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 187
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>-187</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>-462</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>422</u>	<u>442</u>	<u>3/4</u>	<u>14</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>362</u>	<u>382</u>	<u>3/4</u>	<u>14</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

182 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 260 ft. Describe access port or control devices: Well Cap
49N 2E 28

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5 1/2</u>	<u>9 a.m.</u>	<u>Air lift from 462'</u>	

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 260'

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>1</u>	<u>Top Soil</u>		
	<u>1</u>	<u>14</u>	<u>Clay - Tan - sandy</u>		
	<u>14</u>	<u>170</u>	<u>Clay - Tan w/ shale</u>		
	<u>170</u>	<u>187</u>	<u>Shale - Gray</u>		
<u>6"</u>	<u>187</u>	<u>260</u>	<u>Shale - Gray</u>		
	<u>260</u>	<u>262</u>	<u>Shale - Gray Broken w/ water</u>		
			<u>2 gpm</u>		
	<u>262</u>	<u>435</u>	<u>Shale gray</u>		
	<u>435</u>	<u>440</u>	<u>Shale - gray Broken w/ water</u>		
			<u>3 1/2 gpm</u>		
	<u>440</u>	<u>462</u>	<u>Shale gray</u>		

RECEIVED
AUG 25 2005
IDWR/North

Completed Depth 462 (Measurable)
 Date: Started 7-13-05 Completed 7-18-05

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 Action Drilling Inc Firm No. 618
 Principal Driller Alvin Carris Date 8-8-05
 and Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 8-8-05
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.



POU

49N02E28SENE

WELL