

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long: :

WELL TAG NO. D0022520

Drilling Permit No: _____
Other IDWR No. _____

2. OWNER

Name WHEELER, MARVIN Well Number: 439

Address HC01 BOX 43 E

City HARRISON State ID Zip 83833

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N	
	X
S	

Twp. 47N ☒ North or ☐ South
Rge. 3W ☐ East or ☒ West
E Sec. 32 NE 1/4 NE 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site BENEWAH RD.

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			AMOUNT	METHOD
Material	From	To		
BENTONITE	0	18	4 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	18	.250	STEEL	☒	☐	☒	☐
6	+2	242	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

155 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 - 15			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 260

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	2	Top Soil	☐	☐
10	2	15	Clay w/ Basalt	☐	☐
10	15	18	Basalt	☐	☐
8	18	62	Broken Basalt	☐	☐
8	62	111	Basalt	☐	☐
8	111	187	Broken Basalt	☐	☐
8	187	260	Basalt	☐	☐
8	260	270	Broken Basalt w/ Sand & Wood	☒	☐
8	270	285	Sand	☐	☐

COPY

Completed Depth 265 (Measurable)

Date: Started 7/24/02 Completed 7/26/02

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 H2O WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and

Supervisor or Operator _____ Date _____

(Sign Once if Firm Official and Operator)

Todd Morgan