

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0033795
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name John F Darden
Address 5974 St. Joe Road
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. 46 North ☒ or South ☐
Rge. 17 East ☐ or West ☒
Sec. 17 1/4 S/W 1/4 N/E 1/4
Gov't Lot _____ 10 acres 40 acres 160 acres
County Benewah

Lat: _____ Long: _____
Address of Well Site 5393 St. Joe Road
City St. Maries

(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>38</u>	<u>95X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-38</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-320</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>-130</u>	<u>-150</u>	<u>3/4"</u>	<u>10</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>-290</u>	<u>-310</u>	<u>3/4"</u>	<u>10</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.Depth flow encountered 129 ft. Describe access port or control devices: _____well cap

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>4 gpm</u>	<u>Air lift from</u>	<u>320</u>	

Water Temp. 46° Bottom hole temp. _____Water Quality test or comments: Clear no odorDepth first Water Encounter 129

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

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>Shale - Tan</u>		
	<u>14</u>	<u>38</u>	<u>Shale - Gray</u>		
<u>6"</u>	<u>38</u>	<u>55</u>	<u>Shale - Gray</u>		
	<u>55</u>	<u>63</u>	<u>Shale - Tan</u>		
	<u>63</u>	<u>122</u>	<u>Shale - Gray</u>		
	<u>122</u>	<u>129</u>	<u>Shale - Tan</u>		
	<u>129</u>	<u>132</u>	<u>Shale - Gray - w/water</u>		
			<u>3 gpm</u>		
	<u>132</u>	<u>235</u>	<u>Shale - gray</u>		
	<u>235</u>	<u>236</u>	<u>Shale - gray Broken</u>		
			<u>w/water 1 gpm</u>		
	<u>236</u>	<u>320</u>	<u>Shale - gray</u>		

Completed Depth 320 (Measurable)Date: Started 5-18-04 Completed 5-19-04

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 Firm No. 618Principal Driller Alan Corrie Date 5-18-04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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