

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 00035547DRILLING PERMIT NO 825307

Water Right or Injection Well No _____

2. OWNER:

Name Kelly Blood
Address 94 Timber Rock Lane
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 2 East ☐ or West ☒
Sec 36 1/4 N/E 1/4 N/E 1/4
Gov't Lot _____ County Benedict
Lat: _____ Long: _____Address of Well Site 94 Timber Rock LaneCity St. Maries

Lot _____ 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>40</u>	<u>10 SK</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 148'Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-150</u>	<u>250 Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-460</u>	<u>160 PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ 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>-400</u>	<u>-460</u>	<u>3/4</u>	<u>30</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:

186' ft below ground Artesian pressure _____ lb

Depth flow encountered 420 ft. Describe access port or control devices: _____well cap46 N 2W 36

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

12. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>8 gpm</u>	<u>Air lift</u>	<u>from 460</u>	

Water Temp. 46° Bottom hole temp. _____Water Quality test or comments: Clear no odor13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 200

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>22</u>	<u>Clay - Tan</u>		
	<u>22</u>	<u>58</u>	<u>Shale - Broken w/ clay - Tan</u>		
	<u>58</u>	<u>70</u>	<u>Basalt - Uvisicular</u>		
	<u>70</u>	<u>110</u>	<u>Clay - Gray</u>		
	<u>110</u>	<u>123</u>	<u>Clay - Gray - G&T</u>		
	<u>123</u>	<u>140</u>	<u>Shale - Gray - Broken</u>		
	<u>140</u>	<u>148</u>	<u>Shale - Gray</u>		
<u>6"</u>	<u>148</u>	<u>200</u>	<u>Shale - Gray</u>		
	<u>200</u>	<u>202</u>	<u>Shale - Gray w/ water</u>	☒	
			<u>1 gpm.</u>		
	<u>202</u>	<u>420</u>	<u>Shale - Gray</u>		
	<u>420</u>	<u>423</u>	<u>Shale - Gray w/ water</u>	☒	
			<u>7 gpm</u>		
	<u>423</u>	<u>460</u>	<u>Shale - Gray</u>		

Completed Depth 460 (Measurable)Date: Started 10-8-04 Completed 10-13-04

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 Alvin Carris Date 10-13-04

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 10-13-04Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES