

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0039859
DRILLING PERMIT NO. 829076
Water Right or Injection Well No. _____

2. OWNER:
Name C. Clint & Lorelei Dockery
Address P.O. Box 323
City Fernwood State ID Zip 83830

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 43 North ☒ or South ☐
Rge. 1 East ☒ or West ☐
Sec. 15 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Shoshone

Lat: _____ Long: _____
Address of Well Site 59577 Hwy 3
City Clarkia

(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>30</u>	<u>85x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 69'
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>72</u>	<u>69</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>12</u>	<u>322</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 none

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-80</u>	<u>-100</u>	<u>3/4</u>	<u>10</u>	<u>5/8"</u>	<u>PVC</u>	☐	☒
<u>-272</u>	<u>-322</u>	<u>3/4</u>	<u>20</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:

52' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 240 ft. Describe access port or control devices: _____

well cap

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>4 gpm</u>	<u>Airlift</u>	<u>From 322'</u>	

Water Temp. 52° Bottom hole temp. _____
Water Quality test or comments: clear no odor

Depth first Water Encounter 82

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>16</u>	<u>Clay - Brown</u>		
	<u>16</u>	<u>52</u>	<u>Clay - Tan</u>		
	<u>52</u>	<u>56</u>	<u>Shale - Green - Broken</u>		
	<u>56</u>	<u>60</u>	<u>Clay - Sandy - Green</u>		
	<u>60</u>	<u>69</u>	<u>Shale - Green - Broken</u>		
<u>6"</u>	<u>69</u>	<u>82</u>	<u>Shale - Gray</u>		
	<u>82</u>	<u>83</u>	<u>Shale - Gray - Broken</u>		
			<u>w/water 19 gpm</u>		
	<u>83</u>	<u>243</u>	<u>Shale - Gray</u>		
	<u>243</u>	<u>245</u>	<u>Shale - Gray w/water</u>		
			<u>3 gpm</u>		
	<u>245</u>	<u>320</u>	<u>Shale - Gray</u>		

RECEIVED

FEB 1

SCANNED

FEB 28 2005

Completed Depth 322 (Measurable)
Date: Started 1-11-05 Completed 1-14-05

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 2-9-05

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 2-8-05
Principal Driller and Rig Operator Required.