

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

SEP 07 1993

1. WELL OWNER

Name T.J. DAVIDSON

Address P.O. Box 301, PLUMMER, ID. 83851

Drilling Permit No. 93-93-N-Y-000

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. In lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.35 inches	6 inches	+ 1.5 feet	245 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation? _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 22 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____

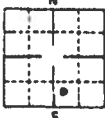
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☐ Welded
☐ Solvent Weld ☐ Cemented between strata

Describe access port WELL CASING

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County NORTHERN

SW ¼ SE ¼ Sec. 36, T. 47 S R. 5 W ☒

7. WATER LEVEL

Static water level 25 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature 51 °F. Quality CLEAR - CLEAR - SOME IRON
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>15</u>	<u>268</u>	<u>1</u>
_____	_____	_____
_____	_____	_____

9. LITHOLOGIC LOG 89738

Bore Diam.	Depth From	To	Material	Water Yes	No
10"	0	22'	CLAYS - BROWN TO TAN		X
6"	22'	120'	CLAYS - BROWN TO TAN IN COLOR - SOME ALMOST WHITE		X
6"	120'	158'	CEMENTED CONGLOMERATE		X
1"	158'	245'	CLAYS - SILTS - LARGE GRAVELS DECOMPOSED - SHALES	X	
			SOME THIN CLAY INTERFACES WHITE - GREEN - TO A BLuish GREEN IN COLOR - ALL FRAGMENTS PRESENT (2 GPM)		
6"	245'	270'	BROKEN SLATES & GRAVELS DARK GREY - WITH QUARTZITES PRESENT SMALL DECOMPOSED BROWN & GREEN GRAVELS (15' GPM)	X	

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10.

Work started 7-6-93 finished 7-8-93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name ALWAYS SERVING Firm No. 510

Address _____ Date 7-12-93

Signed by Drilling Supervisor [Signature]
and
(Operator) _____
(If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT