

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0033810
DRILLING PERMIT NO. 816125
Water Right or Injection Well No. _____

2. OWNER:
Name Urbat, Kurt & Cindy
Address PO Box 213
City Worley State ID Zip _____

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 47 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 30 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 45689 S. Highway 95
Highon Hill City Worley
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>20</u>	<u>5 SACS</u>	<u>Poured</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 98'
Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>-98</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-4</u>	<u>363</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type 6"-8" Rubber

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAWCUT
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>263</u>	<u>283</u>	<u>1/8x5</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>303</u>	<u>323</u>	<u>1/8x5</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>343</u>	<u>363</u>	<u>1/8x5</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK None

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

223 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Bolted Well Cap

47 N 4 W 30

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>32</u>			

Water Temp. Cool Bottom hole temp. Cool
Water Quality test or comments: Good

Depth first Water Encounter 290

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>98</u>			
<u>6</u>	<u>98</u>	<u>377</u>			
	<u>0</u>	<u>28</u>	<u>SOFT Shell & Clay</u>		☒
	<u>28</u>	<u>313</u>	<u>Firm Brown shale</u>		☒
	<u>313</u>	<u>352</u>	<u>BROKEN BLUE Sandstone</u>	☒	
	<u>352</u>	<u>377</u>	<u>Brown SHALE</u>		☒

RECEIVED

JUL 2 2004

IDWR North

Completed Depth 377' 363' (Measurable)
Date: Started 6-7-04 Completed 6-8-04

14. DRILLER'S CERTIFICATION

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

Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163

Principal Driller Scott M. Brainerd Date _____
and
Driller or Operator II Wayne Miller Date 6-14-04

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