

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 0039694
 DRILLING PERMIT NO. 826289
 Water Right or Injection Well No. _____

2. OWNER:
 Name Werning, Daniel & Terry
 Address 510 E Spring St
 City Oldtown State ID Zip 83822

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 54 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 4 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ 10 acres County Bonner 40 acres 160 acres
 Lat: _____ Long: _____
 Address of Well Site Tower MTN Rd
 City Blanchard
 (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>Casing Seal</u>	<u>0</u>	<u>59</u>	<u>400#</u>	<u>overbore</u>
<u>Bentonite</u>				

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 59
 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>+2</u>	<u>59'</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-5</u>	<u>252'</u>	<u>160 PSI</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method sawcut
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>193</u>	<u>252</u>	<u>3/16" x 5"</u>	<u>135</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:
125 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices:
Bolted well cap
54.0 5-0 4

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>50 GPM</u>			

Water Temp. Cold Bottom hole temp. Cold
 Water Quality test or comments: looks Clear & Good 75
 Depth first Water Encounter _____

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>4</u>	<u>Decomposed Granite</u>		
<u>"</u>	<u>4</u>	<u>17</u>	<u>Decomposed & Broken Granite</u>		
<u>"</u>	<u>17</u>	<u>50</u>	<u>Decomposed Granite (very soft)</u>		
<u>"</u>	<u>50</u>	<u>59</u>	<u>Granite</u>		
<u>6"</u>	<u>59</u>	<u>94</u>	<u>Granite Firm w/ Brown soft layers</u>	☒	
<u>"</u>	<u>94</u>	<u>108</u>	<u>Granite, Gray</u>		
<u>"</u>	<u>108</u>	<u>185</u>	<u>Granite, Gray w/ Brown layers</u>		
<u>"</u>	<u>185</u>	<u>192</u>	<u>Granite, Hard</u>		
<u>"</u>	<u>192</u>	<u>196</u>	<u>Granite, Broken/soft</u>	☒	
<u>"</u>	<u>196</u>	<u>230</u>	<u>Granite, Hard</u>	☒	
<u>"</u>	<u>230</u>	<u>235</u>	<u>Granite, Med</u>	☒	
<u>"</u>	<u>235</u>	<u>247</u>	<u>Granite, Hard</u>		
<u>"</u>	<u>247</u>	<u>252</u>	<u>Granite, Med</u>		

Completed Depth 252' (Measurable)
 Date: Started 11-19-04 Completed 11-24-04

14. DRILLER'S CERTIFICATION

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

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

Principal Driller Scott M. Baurman Date _____
 and Driller or Operator II Scott M. Baurman Date 11-24-04
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.