

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 51781

DRILLING PERMIT NO. 847292

Water Right or Injection Well No. _____

2. OWNER:

Name MICHAEL T COGSWELL
Address PO BOX 453
City KELO State Id Zip 83327

3. LOCATION OF WELL by legal description:

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

Twp. 48 North ☒ or South ☐
Rge. 02 East ☒ or West ☐
Sec. 18 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County SASHOAR
Lat: _____ Long: _____
Address of Well Site 200 COGSWELL LANE
City KINGSTON
(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>40</u>	<u>400 lbs</u>	<u>OVERHOLE</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 120'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +1</u>	<u>120</u>	<u>350</u>	<u>STEEL</u>	☒	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method NONE

Screen Type & Method of Installation NO

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☒	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
				<u>NO</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

34 ft. below ground 118 Artesian pressure 0 lb.

Depth flow encountered 170 ft. Describe access port or control devices:

WELL CAP

48N 2E 18

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>159pm</u>	<u>MAX</u>	<u>170</u>	<u>2HRS</u>

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: GOOD

Depth first Water Encounter 46

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>71</u>	<u>CLAY & SHALE</u>		☒
			<u>WET AT 46 TO 48'</u>		☒
	<u>71</u>	<u>128</u>	<u>FIRM SHALE SOFT SPOTS</u>		☒
	<u>128</u>	<u>178</u>	<u>" " " "</u>		☒

RECEIVED

JUL 10 2007

IDWR/North

Completed Depth 175' (Measurable)

Date: Started 6-27-07 Completed 7-2-07

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 BRANDX WATER WELLS Firm No. 289

Principal Driller Linda Landon Date 7/6/07

and _____ Date _____

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES