Form 238-7
6/02

# 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** [redacted] 54536
DRILLING PERMIT NO. 85155-1
Water Right or Injection Well No.

**2. OWNER:**
Name Merton Steward
Address Box 474
City Pine hurst State Id. Zip 83850

**3. LOCATION OF WELL by legal description:**
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 49 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 29, ____ 1/4 (10 acres) NW 1/4 (40 acres) SE 1/4 (160 acres)
Gov't Lot ____ County Shoshone
Lat: : : Long: : :
Address of Well Site 1½ mile up Bear Cr. Rd. on Right side. City Enaville
(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 |
|---|---|---|---|---|
| Ben | 0 | 21' | 650 lbs | poured |
| | | | | |

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) N/A
Was drive shoe seal tested? ☐ Y ☐ N How? ____

**8. CASING/LINER:** N/A

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe ____ Length of Tailpipe ____
Packer ☐ Y ☐ N Type N/A

**9. PERFORATIONS/SCREENS PACKER TYPE**
Perforation Method N/A
Screen Type & Method of Installation ____

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. FILTER PACK** N/A

| Filter Material | From | To | Weight / Volume | Placement Method |
|---|---|---|---|---|
| | | | | |
| | | | | |

**11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
____ ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

**12. WELL TESTS:**
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 0 | | | |
| | | | |
| | | | |

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments ____
Depth first Water Encounter 0

**13. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 19' | | | |
| 6 | 19 | 48 | | | |
| | 0 | 3 | Top Soil | | |
| | 3 | 8 | Large gravel & Clay | | |
| | 8 | 25 | Brown Sandy Clay | | |
| | 25 | 36 | Blue Sandy Clay | | |
| | 36 | 47 | Broken Shale & Course Sand | | |
| | 47 | 48 | Hard Shale | | |

RECEIVED
JUL 07 2008
IDWR/North

Completed Depth 0 (Measurable)
Date: Started 5-22-08 Completed 6-12-08

**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 Valley Drilling Co. Firm No. 683
Principal Driller Wayne Miller Date 7-2-08
and
Driller or Operator II ____ Date ____
Operator I ____ Date ____
Principal Driller and Rig Operator *Required*.
Operator I must have signature of Driller/Operator II.

49N 02E 29

FORWARD WHITE COPY TO WATER RESOURCES