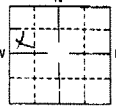


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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.

1. WELL OWNER Name <u>T.W. Buess</u> Address <u>HCB4 Box 275 A-Asi</u> Drilling Permit No. <u>93-92-N-6-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>100</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>cold</u> °F. Quality <u>good</u> Describe artesian or temperature zones below.																																																				
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.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>100+ Blown By Air Lift</u> <u>4 Hrs</u>																																																				
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <u>85050</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>10"</td><td>1</td><td>3</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>10"</td><td>3</td><td>20</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td>10"</td><td>20</td><td>85</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td>10"</td><td>85</td><td>90</td><td>Light Brown Basalt</td><td></td><td>X</td></tr><tr><td>10"</td><td>90</td><td>100</td><td>Hard Basalt</td><td></td><td>X</td></tr><tr><td>6</td><td>100</td><td>140</td><td>Hard Basalt</td><td></td><td>X</td></tr><tr><td>6</td><td>140</td><td>185</td><td>Fractured Basalt</td><td>X</td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	1	3	Top soil		X	10"	3	20	Brown Clay		X	10"	20	85	Brown Clay		X	10"	85	90	Light Brown Basalt		X	10"	90	100	Hard Basalt		X	6	100	140	Hard Basalt		X	6	140	185	Fractured Basalt	X	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	RECEIVED SEP 18 1992 Department of Water Resources																																																				
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches + <u>1</u> feet <u>100</u> 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 <u>20</u> 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 <u>Cap</u>																																																					
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Donnerstag</u> Address of Well Site _____ (give at least name of road) <u>S.W. 1/4 NW 1/4 Sec. 24, R. 3, E. 1/4 or W. 1/4</u>		10. Work started <u>Aug 31 1992</u> finished <u>Aug 31 1992</u>																																																			
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 <u>Always Drilling, INC.</u> Firm No. <u>510</u> Address <u>HCB4 Box 275 A-Asi</u> Date <u>Sept 1 1992</u> Signed by Drilling Supervisor <u>James D. Conner</u> and 9/10/92 (Operator) <u>James D. Conner</u> (If different than the Drilling Supervisor)																																																					