

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.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0054682
DRILLING PERMIT NO. 852308
Water Right or Injection Well No. _____

2. OWNER:

Name John & Gail Day
Address Po Box 489
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

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

Twp. 4S North ☒ or South ☐
Rge. 1E East ☐ or West ☒
Sec. 17 1/4 NW 1/4 SW 1/4
Gov't Lot _____
County Benedict
Lat: 47 : 14 : 730 N Long: 116 : 29 : 994 W
Address of Well Site 77435 Highway 3 South
Thorn Creek City St. Maries
(Give at least name of 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>19</u>	<u>10 St</u>	<u>Peel Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>19</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>368</u>	<u>160</u>	<u>PVC</u>	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Stick Saw

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>268</u>	<u>348</u>	<u>1/2 x 5</u>	<u>150</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

88 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 180 ft. Describe access port or control devices: _____

well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100 gpm</u>	<u>Ar. lift</u>	<u>At 368 ft</u>	<u>2.5 hrs</u>

Water Temp. 47 Bottom hole temp. _____

Water Quality test or comments: Cold & clear / No odor

Depth first Water Encounter 180

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>3</u>	<u>Over burden</u>		
	<u>3</u>	<u>180</u>	<u>Basalt Hard</u>		
<u>8</u>	<u>180</u>	<u>200</u>	<u>Basalt Soft w/wat</u>	☒	
			<u>4 gpm</u>		
	<u>200</u>	<u>208</u>	<u>Basalt Hard</u>		
	<u>210</u>	<u>225</u>	<u>Basalt Soft w water</u>	☒	
			<u>40 gpm</u>		
	<u>225</u>	<u>260</u>	<u>Basalt Med Hard</u>		
	<u>260</u>	<u>368</u>	<u>Basalt Hard w/water</u>	☒	
			<u>85 gpm</u>		

RECEIVED

JUL 18 2008

IDWR/North

Completed Depth 368 (Measurable)

Date: Started 7-15-08 Completed 7-16-08

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 Interstate Drilling LLC Firm No. 689

Principal Driller Ryan Smith Date 7/16/08

and Driller or Operator II David Will Date 7/16/08

Operator I _____ Date _____

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

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FORWARD WHITE COPY TO WATER RESOURCES