

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D DOO 44955
DRILLING PERMIT NO. 840835
Water Right or Injection Well No. _____

2. OWNER:

Name JAMIE MOWERY
Address 585 FLAT CREEK
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. 45 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 29 1/4 NW 1/4 NW 1/4
Gov't Lot _____
County BENEFIT
Lat: _____ Long: _____
Address of Well Site 585 FLAT CREEK
City ST. MARIES
(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

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>39</u>	<u>7 sk</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39
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>-39</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-16</u>	<u>-250</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-170</u>	<u>-230</u>	<u>3/4</u>	<u>48</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:

190 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 200 ft. Describe access port or control devices: _____

well cap
45 N 1 W 29

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12 gpm</u>	<u>Air lift from 250'</u>		

Water Temp. 54° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 200'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>4</u>	<u>Clay Tan</u>			
	<u>4</u>	<u>15</u>	<u>Basalt Broken</u>			
	<u>15</u>	<u>39</u>	<u>Basalt Gray</u>			
<u>6"</u>	<u>39</u>	<u>200</u>	<u>Basalt Gray</u>			
	<u>200</u>	<u>202</u>	<u>Basalt-Gray-Soft</u>			
			<u>w/water 2 gpm</u>			
	<u>202</u>	<u>235</u>	<u>Basalt-Gray-Soft</u>			
	<u>235</u>	<u>237</u>	<u>Basalt-Gray Soft</u>			
			<u>w/water 10 gpm</u>			
	<u>237</u>	<u>250</u>	<u>Clay - Gray</u>			

RECEIVED
AUG 17 2006
IDWR/North

Completed Depth 250 (Measurable)
Date: Started 7-14-06 Completed 7-17-06

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 ACTION DRILLING INC Firm No. 618

Principal Driller ALVIN CARRIS Date 8-13-06

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 8-13-06

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