

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0054718
DRILLING PERMIT NO. 852851
Water Right or Injection Well No. _____

2. OWNER:
Name Gary + Bary Bryant
Address Box 992
City Cochrane State AB Zip 80600

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 44 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 24 1/4 S/W 1/4 S/E 1/4
Gov't Lot _____
County BENEFIT
Lat: : : Long: : :
Address of Well Site 3300 ELKHORN MEADOWS
City FERNWOOD
(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>78</u>	<u>11 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78
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>12</u>	<u>78</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>20</u>	<u>582</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe 0012 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>-542</u>	<u>-562</u>	<u>3/4</u>	<u>20</u>		<u>PVC</u>	☐	☒
<u>-442</u>	<u>-442</u>	<u>3/4</u>	<u>20</u>	<u>4</u>	<u>PVC</u>	☐	☒
<u>-22</u>	<u>-342</u>	<u>3/4</u>	<u>20</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:

123 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 360 ft. Describe access port or control devices: Well Cap

44N 01W 24

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>5</u>	<u>6pm</u>	<u>Air lift from 582</u>	

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: clear no odor

Depth first Water Encounter 220

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>65</u>	<u>Clay Tan</u>		
	<u>65</u>	<u>70</u>	<u>Granite Soft</u>		
	<u>70</u>	<u>78</u>	<u>Granite Gray</u>		
<u>6</u>	<u>78</u>	<u>220</u>	<u>Granite Gray</u>		
	<u>220</u>	<u>221</u>	<u>Granite w/water</u>		
			<u>19 pm</u>		
	<u>221</u>	<u>360</u>	<u>Granite</u>		
	<u>360</u>	<u>362</u>	<u>Granite w/water</u>		
			<u>29 pm</u>		
	<u>362</u>	<u>529</u>	<u>Granite Gray</u>		
	<u>529</u>	<u>570</u>	<u>Granite white</u>		
	<u>570</u>	<u>571</u>	<u>Granite Black + white</u>		
			<u>w/water 29 pm</u>		
	<u>571</u>	<u>582</u>	<u>Granite Black + white</u>		

RECEIVED
SEP 15 2008
IDWR/North

Completed Depth	<u>582</u>	(Measurable)
Date: Started	<u>8-18-08</u>	Completed <u>8-20-08</u>

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 Carr Date 9-8-08

Driller or Operator II _____ Date _____

Operator I Alvin Carr Date 9-8-08

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

FORWARD WHITE COPY TO WATER RESOURCES