

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 DOO 44953
 DRILLING PERMIT NO. 840553
 Water Right or Injection Well No. _____

2. OWNER:
 Name RICK O'DONNELL
 Address PO BOX 42
 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. 2 East ☐ or West ☒
 Sec. 3 1/4 N/E 1/4 N/E 1/4
 Gov't Lot 3 County BENEFIT
 Lat: : : Long: : :
 Address of Well Site 1707 W. Highland Springs
 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 (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>80</u>	<u>14 SK</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 198

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>+2</u>	<u>-198</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-12</u>	<u>-310</u>	<u>160</u>	<u>PUL</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>-230</u>	<u>-290</u>	<u>3/4</u>	<u>48</u>	<u>4"</u>	<u>PUL</u>	☐	☒

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

195 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 280 ft. Describe access port or control devices: _____

well cap
45 N 2W 3

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12 gpm</u>	<u>Air lift</u>	<u>from</u>	<u>522</u>

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: cloudy no odor

Depth first Water Encounter 280

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>21</u>	<u>Clay - Tan</u>		
	<u>20</u>	<u>80</u>	<u>Basalt - Broken w/ Tan clay</u>		
	<u>80</u>	<u>180</u>	<u>Basalt - Broken</u>		
	<u>180</u>	<u>198</u>	<u>Basalt - Gray</u>		
<u>6"</u>	<u>198</u>	<u>240</u>	<u>Basalt - Gray</u>		
	<u>240</u>	<u>280</u>	<u>Basalt - Broken</u>		
	<u>280</u>	<u>285</u>	<u>Basalt - Broken w/ water</u>		
			<u>3 gpm</u>		
	<u>285</u>	<u>460</u>	<u>Basalt - Broken</u>		
	<u>460</u>	<u>470</u>	<u>Shale - Gray w/ water</u>		
			<u>9 gpm</u>		
	<u>470</u>	<u>522</u>	<u>Shale - Gray w/ tan</u>		
			<u>Sandy clay</u>		
<u>PUC Liner would not go Past 310'</u>					
<u>RECEIVED</u>					
<u>AUG 17 2006</u>					
<u>IDWR/North</u>					
Completed Depth <u>310</u> (Measurable)					
Date: Started <u>6-29-06</u> Completed <u>7-11-06</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 CARRIS Date 8-6-06

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 8-6-06

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