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Form 238-7

1995

JUL 22 1996

NORTHERN REGION

IDWR

1. DRILLING PERMIT NO. 92-96-N-11

Other IDWR No.

2. OWNER:

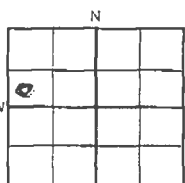
Name Boyd A. Pearson

Address P.O. Box 552

City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 43 North ☒ or South ☐

Rge. 1 East ☐ or West ☒

Sec. 3 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Benevolence

Lat: _____ Long: _____

Address of Well Site Little Carpenter Creek

3 mi to Tgc R ap imi gch City aprot

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/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Benitolite</u>	<u>1</u>	<u>20</u>	<u>COOLB</u>	<u>Trimmed</u>	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>5</u>	<u>1</u>	<u>160</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure — lb.

Depth flow encountered _____ ft. Describe access port or

control devices: _____

SWNW 13 43N 1W

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097940

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: _____ Long: _____

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
<u>10 gal EST</u>	<u>By Air Lift</u>		

Water Temp. cold Bottom hole temp cold

Water Quality test or comments: good

Depth first Water Encountered 220

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>1</u>	<u>3</u>	<u>Top Soil</u>		☒
<u>8</u>	<u>3</u>	<u>140</u>	<u>Brown Clay</u>		☒
<u>8</u>	<u>140</u>	<u>160</u>	<u>Decomposed granite</u>		☒
<u>6</u>	<u>160</u>	<u>220</u>	<u>Hard granite</u>		☒
<u>6</u>	<u>220</u>	<u>245</u>	<u>Broken granite</u>	☒	

Completed Depth 245 (Measurable)

Date: Started 6/22/96 Completed 6/23/96

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Precision Drilling Firm No. 558

Firm Official James A. Cannon Date 6/23

and _____

Supervisor or Operator James A. Cannon Date 6/23

(Sign once if Firm Official & Operator)