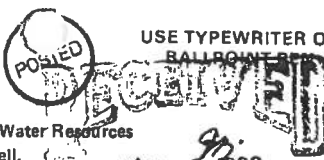


STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

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.

USE TYPEWRITER OR  
BALLPOINT PEN



| <p><b>1. WELL OWNER</b></p> <p>Name <u>Ray M White</u></p> <p>Address <u>Box 381 Fernwood Id. 83830</u></p> <p>Owner's Permit No. <u>92-87-N-4</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>60</u> <small>feet below land surface.</small></p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality <u>good</u></p> <p><small>Describe artesian or temperature zones below.</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                        |              |                   |                 |               |                 |                   |                 |                 |                 |                       |                     |                     |                     |   |      |     |     |               |      |    |       |     |     |                   |  |   |       |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |   |       |     |     |                        |  |   |       |     |     |            |  |   |       |     |     |       |  |   |       |     |     |            |  |   |       |     |     |       |  |   |           |     |     |        |  |   |           |     |  |  |  |  |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>35+</u></td> <td><u>565</u></td> <td><u>1 hr</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Discharge G.P.M.    | Pumping Level          | Hours Pumped | <u>35+</u>        | <u>565</u>      | <u>1 hr</u>   |                 |                   |                 |                 |                 |                       |                     |                     |                     |   |      |     |     |               |      |    |       |     |     |                   |  |   |       |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |   |       |     |     |                        |  |   |       |     |     |            |  |   |       |     |     |       |  |   |       |     |     |            |  |   |       |     |     |       |  |   |           |     |     |        |  |   |           |     |  |  |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <u>35+</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8 0</td> <td>40</td> <td>150</td> <td>Gray Clay</td> <td></td> <td>x</td> </tr> <tr> <td>8 40</td> <td>150</td> <td>230</td> <td>Gravel &amp; Silt</td> <td></td> <td>x</td> </tr> <tr> <td>8 150</td> <td>230</td> <td>300</td> <td>Brown Clay &amp; Silt</td> <td></td> <td>x</td> </tr> <tr> <td>6 230</td> <td>300</td> <td>340</td> <td>Brown Clay</td> <td></td> <td>x</td> </tr> <tr> <td>6 300</td> <td>340</td> <td>370</td> <td>Cemented Gravel &amp; Silt</td> <td></td> <td>x</td> </tr> <tr> <td>5 340</td> <td>370</td> <td>395</td> <td>Brown Clay</td> <td></td> <td>x</td> </tr> <tr> <td>5 370</td> <td>395</td> <td>425</td> <td>Shale</td> <td></td> <td>x</td> </tr> <tr> <td>5 395</td> <td>425</td> <td>475</td> <td>Brown Clay</td> <td></td> <td>x</td> </tr> <tr> <td>5 425</td> <td>475</td> <td>510</td> <td>Shale</td> <td></td> <td>x</td> </tr> <tr> <td>4 1/2 475</td> <td>510</td> <td>565</td> <td>Granet</td> <td></td> <td>x</td> </tr> <tr> <td>4 1/2 510</td> <td>565</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="margin-top: 20px;"><i>INSTALLED 4" PVC LINER WITH PACKERS TO SHUT OFF LEAKAGE OF BAD WATER, LEAKING BETWEEN 5 &amp; 6" CASINGS.</i></p> | Bore Diam.          | Depth                  |              | Material          | Water           |               | From            | To                | Yes             | No              | 8 0             | 40                    | 150                 | Gray Clay           |                     | x | 8 40 | 150 | 230 | Gravel & Silt |      | x  | 8 150 | 230 | 300 | Brown Clay & Silt |  | x | 6 230 | 300 | 340 | Brown Clay                                                                                                                                                                                                                                                                                                                                                                                                          |  | x | 6 300 | 340 | 370 | Cemented Gravel & Silt |  | x | 5 340 | 370 | 395 | Brown Clay |  | x | 5 370 | 395 | 425 | Shale |  | x | 5 395 | 425 | 475 | Brown Clay |  | x | 5 425 | 475 | 510 | Shale |  | x | 4 1/2 475 | 510 | 565 | Granet |  | x | 4 1/2 510 | 565 |  |  |  |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 8 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 8 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 6 230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 6 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 5 340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 5 370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 5 395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 5 425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 4 1/2 475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 4 1/2 510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>10.</b></p> <p>Work started <u>10-27-87</u> finished <u>11-9-87</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>325</u> feet</td> </tr> <tr> <td><u>250</u> inches</td> <td><u>5</u> inches</td> <td><u>245</u> feet</td> <td><u>480</u> feet</td> </tr> <tr> <td><del>250</del> inches</td> <td><del>5</del> inches</td> <td><del>245</del> feet</td> <td><del>480</del> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter            | From                   | To           | <u>250</u> inches | <u>6</u> inches | <u>1</u> feet | <u>325</u> feet | <u>250</u> inches | <u>5</u> inches | <u>245</u> feet | <u>480</u> feet | <del>250</del> inches | <del>5</del> inches | <del>245</del> feet | <del>480</del> feet |   |      |     |     | Number        | From | To |       |     |     |                   |  |   |       |     |     | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>UNITED DRILLING INC. Firm No. <u>414</u></p> <p>Firm Name _____</p> <p>P. O. Box 2499 CD/A Id. 83814</p> <p>Address _____ Date _____</p> <p>Signed by (Firm Official) <u>Tim Vocking</u></p> <p>and _____</p> <p>(Operator) <u>Tim Vocking</u></p> |  |   |       |     |     |                        |  |   |       |     |     |            |  |   |       |     |     |       |  |   |       |     |     |            |  |   |       |     |     |       |  |   |           |     |     |        |  |   |           |     |  |  |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                            | <u>1</u> feet       | <u>325</u> feet        |              |                   |                 |               |                 |                   |                 |                 |                 |                       |                     |                     |                     |   |      |     |     |               |      |    |       |     |     |                   |  |   |       |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |   |       |     | 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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <del>250</del> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location <u>must</u> agree with written description</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Subdivision Name _____</p> <p>DEC 12 1988</p> <p>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>Benevol</u></p> <p>N/E 1/4 <u>SW</u> 1/4 Sec. <u>13</u>, T. <u>43</u> N. R. <u>1</u> W.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                        |              |                   |                 |               |                 |                   |                 |                 |                 |                       |                     |                     |                     |   |      |     |     |               |      |    |       |     |     |                   |  |   |       |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |  |   |       |     |     |                        |  |   |       |     |     |            |  |   |       |     |     |       |  |   |       |     |     |            |  |   |       |     |     |       |  |   |           |     |     |        |  |   |           |     |  |  |  |  |