

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	Long	:

1. WELL TAG NO. D0017371

Drilling Permit No: 769729
Other IDWR No. _____

2. OWNER

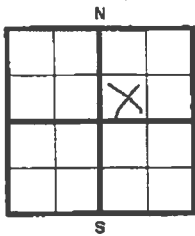
Name Dale Pierce Well #2 253

Address P.O. Box 349

City Plummer State ID Zip 83851

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 46 ☒ North or ☐ South
Rge. 02 ☐ East or ☒ West
Sec. 19 SW 1/4 NE 1/4 1/4

Gov't Lot _____ County BENEWAH

Lat: _____ Long: _____

Address of Well Site Shay Hill Rd
City Plummer

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	5 Bags	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 130'

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-107	443	160	PVC	☐	☒	☐	☐
6	+2	130	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skillsaw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
403	443	1/8 X 6	60	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

170 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4			1 HR

Water Temp. Cold Bottom Hole Temp Cold

Water Quality test or comments: Clear

Depth first Water encountered 165

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Water					
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Top Soil	☐	☐
8	2	9	Clay w/ Broken Shale	☐	☐
8	9	51	Tan Clay	☐	☐
8	51	74	Gray Clay	☐	☐
8	74	93	Tan Clay	☐	☐
8	93	101	Brown Clay w/ Wood	☐	☐
8	101	119	Tan Clay	☐	☐
8	119	128	Yellow Clay w/ Sand	☐	☐
8	128	130	Broken Shale	☐	☐
6	130	160	Gray Soft Shale	☐	☐
6	160	186	Gray Soft Shale	☒	☐
6	186	201	Gray Soft Shale	☐	☐
6	201	276	Med. Soft Gray Shale	☐	☐
6	276	284	Broken Soft Gray Shale	☐	☐
6	284	349	Med Soft Gray Shale	☐	☐
6	349	361	Soft Brown Shale	☐	☐
6	361	411	Med. Gray Shale	☐	☐
6	411	443	Med. Gray Shale	☒	☐

RECEIVED

SEP 14 2001

Original - 100% Not Repaired

Completed Depth 443 (Measurable)

Date: Started 6/28/01 Completed 7/2/01

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 H2O WellService, Inc. Firm No. 448

Firm Official Todd Morgan Date 7-3-01

and Supervisor or Operator Todd Morgan Date 7-3-01
(Sign Once If Firm Official and Operator)

Todd Morgan

46 N 2 W 19