

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0054094

DRILLING PERMIT NO. 749861

Water Right or Injection Well No. _____



2. OWNER:

Name Elizabeth and Jeffery Johnston

Address 6278 North Park Meadow Way, Apt 901

City Boise State ID Zip 83713

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 4S North ☒ or South ☐

Rge. 1E East ☐ or West ☒

Sec. 30 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Benedict 10 acres 40 acres 160 acres

Lat: 47 : 13 : 41.9 N Long: 116 : 30 : 22.7 W

Address of Well Site 818 Flat Creek Rd 1/8 mile

up Flat Creek Rd on left 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>60</u>	<u>125+</u>	<u>pour around pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 138

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>1.5</u>	<u>138</u>	<u>2.5</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>308</u>	<u>100</u>	<u>PVC</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>228</u>	<u>308</u>	<u>1"</u>	<u>150</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:

22.5 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 252 ft. Describe access port or control devices: _____

well cap

45M 1W 30

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____	Long: _____	_____	

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20 gpm</u>	<u>Air lift</u>	<u>from</u>	<u>308 ft 1 hr</u>

Water Temp. 47 Bottom hole temp. _____

Water Quality test or comments: Clear & clear

Depth first Water Encounter 252

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
<u>8"</u>	<u>0'</u>	<u>10'</u>	<u>Clay - Brown</u>	
	<u>10'</u>	<u>16'</u>	<u>Sand & Gravel</u>	
	<u>16'</u>	<u>30'</u>	<u>Clay - Tan</u>	
	<u>30'</u>	<u>52'</u>	<u>Clay - Brown</u>	
	<u>52'</u>	<u>55'</u>	<u>Clay X wood</u>	
	<u>55'</u>	<u>72'</u>	<u>Clay - Tan</u>	
	<u>72'</u>	<u>79'</u>	<u>Clay - Brown</u>	
	<u>80'</u>	<u>125'</u>	<u>Clay - Brown Dark w/ Sand</u>	
<u>6"</u>	<u>125'</u>	<u>150'</u>	<u>Soft Broken Basalt</u>	
	<u>150'</u>	<u>165'</u>	<u>Shale - Grey</u>	
	<u>165'</u>	<u>210'</u>	<u>Insert Soil</u>	
	<u>210'</u>	<u>230'</u>	<u>Shale w/ clay</u>	
	<u>230'</u>	<u>270'</u>	<u>Gravel + sand / w/ shale</u>	
	<u>270'</u>	<u>281'</u>	<u>Green & blue shale</u>	
	<u>281'</u>	<u>295'</u>	<u>Broken Basalt</u>	
	<u>295'</u>	<u>260'</u>	<u>Shale / w/ clay / w/ water zone</u>	
	<u>260'</u>	<u>308'</u>	<u>Basalt soft water 17 gpm</u>	

RECEIVED

NOV 6 2007

IDWR/North

Completed Depth 308 (Measurable)

Date: Started 11-6-07 Completed 11-7-07

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 Inter State Drilling LLC Firm No. 689

Principal Driller Ryan Suchoski Date 11-7-07

and Driller or Operator II _____ Date _____

Operator I B. S. [Signature] Date 11-7-07

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