

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D DOO 46305
DRILLING PERMIT NO. 842832
Water Right or Injection Well No. _____

2. OWNER:

Name JERRY + TERRY MACHADO
Address PO Box 382
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. 1 East ☒ or West ☒
Sec. 19 1/4 S/E 1/4 S/E 1/4
Gov't Lot _____
County BENEFICIAL
Lat: _____ Long: _____
Address of Well Site FLAT CR 1/2 mi. to SHAMROCK
LN. 1/4 mi. LEFT SIDE City ST. MARIES
(Give at least name of road + Direction 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>38</u>	<u>9 5x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'
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>-38</u>	<u>250</u>	<u>Steel</u>	☒		☒	
<u>4"</u>	<u>-15</u>	<u>-242</u>	<u>160</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>-162</u>	<u>-222</u>	<u>3/4</u>	<u>56</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:

151 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 190 ft. Describe access port or control devices: _____

45 N 1 W 19

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

12. WELL TESTS:

Pump	Bailer	☒ Air	☐ Flowing Artesian
Yield gal. min.	Drawdown	Pumping Level	Time
<u>40 gpm</u>	<u>Air lift from</u>	<u>-242</u>	

Water Temp. 50° Bottom hole temp. _____
Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 145

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>2</u>	<u>Clay - Tan Sandy</u>			
	<u>2</u>	<u>25</u>	<u>Basalt - Broken</u>			
	<u>25</u>	<u>38</u>	<u>Basalt - Gray</u>			
<u>6"</u>	<u>38</u>	<u>145</u>	<u>Basalt - Gray</u>			
	<u>145</u>	<u>147</u>	<u>Basalt - soft w/water</u>	☒		
			<u>2 gpm</u>			
	<u>147</u>	<u>190</u>	<u>Basalt - soft</u>			
	<u>190</u>	<u>230</u>	<u>Basalt - soft w/water</u>	☒		
			<u>40 gpm total</u>			
	<u>230</u>	<u>242</u>	<u>Clay - Gray</u>			

RECEIVED
NOV 29 2006
IDWR/North

Completed Depth 242 (Measurable)
Date: Started 10-13-06 Completed 10-17-06

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 11-10-06

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 11-10-06

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