

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D D0040450
 DRILLING PERMIT NO. 835255
 Water Right or Injection Well No. _____

2. OWNER:
 Name Keith Mc Greal
 Address Box 144
 City Fernwood State ID Zip 83830

3. LOCATION OF WELL by legal description:

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

Twp. 43 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 5 1/4 S/W 1/4 S/W 1/4
 Gov't Lot _____ County Beneish
 Lat: _____ Long: _____
 Address of Well Site 62707 Hwy 3
 City Fernwood

(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>40</u>	<u>105x</u>	<u>Bar Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 198

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>-198</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-222</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>-142</u>	<u>-222</u>	<u>3/4</u>	<u>40</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:

56' ft. below ground Artesian pressure _____ lb.

Depth flow encountered 200 ft. Describe access port or control devices: _____

well cap

43N 1E 5

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100 gpm</u>	<u>Air lift from</u>	<u>222</u>	

Water Temp. 48° Bottom hole temp. _____

Water Quality test or comments: clear no odor

Depth first Water Encounter 82'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>5</u>	<u>clay - Brown</u>		
	<u>5</u>	<u>12</u>	<u>clay - Tan w/shale</u>		
	<u>12</u>	<u>32</u>	<u>Basalt - Broken</u>		
	<u>32</u>	<u>50</u>	<u>clay - Gray</u>		
	<u>50</u>	<u>65</u>	<u>clay - Green</u>		
	<u>65</u>	<u>82</u>	<u>clay - Gray</u>		
	<u>82</u>	<u>160</u>	<u>Sand + silt - Gray w/water</u>	☒	
<u>6"</u>	<u>160</u>	<u>195</u>	<u>Sand + silt - Gray w/water</u>	☒	
			<u>20 gpm w/sand + silt</u>		
	<u>195</u>	<u>198</u>	<u>Shale Black</u>		
	<u>198</u>	<u>200</u>	<u>Shale Black</u>		
	<u>200</u>	<u>222</u>	<u>Shale - Black Broken</u>	☒	
			<u>w/water 100 gpm</u>		

RECEIVED

SEP 12 2005

IDWR/North

Completed Depth 222 (Measurable)

Date: Started 8-12-05 Completed 8-18-05

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 Carri Date 9-3-05

Driller or Operator II _____ Date _____

Operator I Alvin Carri Date 9-3-05

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