

1. DRILLING PERMIT NO. 92-95-N-0011 - 1770

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

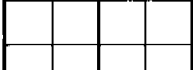
Use Typewriter
or
Ball Point Pen

2. OWNER:

Name SHIRLEY HOWARD
Address P.O. Box 121
City SANTA State FD Zip 83866

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 45 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 27 $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$
10 acres 40 acres 160 acres
 Gov't Lot _____ County BENEFUA

Address of Well Site AIDER CR. ROAD
5 mile marker City _____
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other_____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	38	12	Paul

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'
Was drive shoe seal tested? Y ☒ N ☐ How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	38	250	Steel	☒	☐	☒	☐
4"	-40	180	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DRILL

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
120	180	1/4	40	1/4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 145' 6 1/8" ft. Describe access port or
control devices: CAP

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			3 hr.

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: CLEAR, NO odor

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 H/T-Ware, Inc. Firm No. 540

Firm Official Stan Kwolek Date 7/15/92

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

