

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 D 0041197
DRILLING PERMIT NO. 838742
Water Right or Injection Well No. _____

2. OWNER:
Name Richard Cobb
Address 3550 Sanders Rd.
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. 44 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 35 1/4 N/E 1/4 N/E 1/4
Gov't Lot _____ County Benevolence
Lat: _____ : _____ : _____ Long: _____ : _____ : _____
Address of Well Site 3550 Sanders Rd
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>40</u>	<u>105X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 116
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</u>	<u>-116</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-290</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>-230</u>	<u>-290</u>	<u>3/4</u>	<u>48</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>-180</u>	<u>-200</u>	<u>3/4</u>	<u>10</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:

60' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 183 ft. Describe access port or control devices: well cap
44N 3W 35

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>5 gpm</u>	<u>Airlift</u>	<u>from 290'</u>	

Water Temp. 42° Bottom hole temp. _____
Water Quality test or comments: clear no odor

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>43</u>	<u>Clay Tan</u>		
	<u>43</u>	<u>108</u>	<u>Clay Brown</u>		
	<u>108</u>	<u>116</u>	<u>Shale Gray</u>		
<u>6</u>	<u>116</u>	<u>183</u>	<u>Shale Gray</u>		
	<u>183</u>	<u>184</u>	<u>Shale Gray Broken</u>		
			<u>water 5 gpm</u>		
	<u>184</u>	<u>290</u>	<u>Shale Gray</u>		

RECEIVED
MAY 11 2006
IDWR/North

Completed Depth 290 (Measurable)
Date: Started 3-10-06 Completed 3-14-06

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 4-6-06
and
Driller or Operator II _____ Date _____
Operator I Alvin Carris Date 4-6-06
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.