

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Jim Shirley McFadden
Address HCO1 Box 286 Highland Springs
Drilling Permit No. 92-92-N-16
Water Right Permit No. _____

7. WATER LEVEL

Static water level 120 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature cold °F. Quality good
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____
25 By Air Lift 2 HR.

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

85053

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	1	3	Top Soil		X
10	3	120	Brown Clay		X
10	120	150	Gravelly Basalt		X
10	150	155	Hard Basalt		X
6	155	205	Hard Basalt		X
6	205	225	Soft Basalt	X	

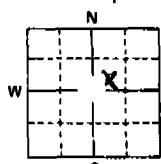
80' 4" PVC in Bottom
Bottom 40' Perforated

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 1 feet 155 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? _____ inches by _____ inchesNumber _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 32 Material used in seal: ☐ Cement grout
☒ Bentonite ☒ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strataDescribe access port Cap

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County BonewahAddress of Well Site Box Highland Springs
(give at least name of road)SW 1/4 NE 1/4 Sec. 3 T. 45 N ☒ or S ☐
R. 2 E ☐ or W ☒

10.

Work started OCT 6 1992 finished OCT 7 1992

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Always Drilling Firm No. 510Address St. Maries Idaho Date OCT 7 1992Signed by Drilling Supervisor James D. Conner

and

(Operator) James D. Conner
(If different than the Drilling Supervisor)