

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 0055596
 DRILLING PERMIT NO. 852991
 Water Right or Injection Well No. _____

2. **OWNER:**
 Name Wayne Kienbaum
 Address 4502 S. CONKLIN
 City GREENACRES State WA Zip 99016

3. **LOCATION OF WELL by legal description:**
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 42 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 13 1/4 N/W 1/4 S/E 1/4
 Gov't Lot _____ 10 acres SHOSHONE 40 acres 160 acres
 Lat: : : Long: : :
 Address of Well Site 52300 Hwy 3
 City CLARKIA
 (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>nite</u>	<u>0</u>	<u>58</u>	<u>7 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58
 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>-58</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-20</u>	<u>-123</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe none Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. **PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method D-11
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-50</u>	<u>-123</u>	<u>3/4</u>	<u>70</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:**

23 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 20 ft. Describe access port or control devices: well cap

12. **WELL TESTS:**

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>25 gpm</u>	<u>Air lift from 120'</u>		

Water Temp. 50° 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>14</u>	<u>Clay - Tan</u>		
	<u>14</u>	<u>50</u>	<u>clay - Tan w/ shale</u>		
	<u>50</u>	<u>58</u>	<u>Shale Gray</u>		
<u>6</u>	<u>58</u>	<u>70</u>	<u>shale Gray</u>		
	<u>70</u>	<u>80</u>	<u>Shale Gray w/water</u>		
			<u>10 gpm</u>		
	<u>80</u>	<u>123</u>	<u>Shale Gray w/water</u>		
			<u>15 gpm</u>		
			<u>25 gpm Total</u>		
			RECEIVED		
			SEP 15 2008		
			IDWR/North		
			Completed Depth <u>123</u> (Measurable)		
			Date: Started <u>8-25-08</u> Completed <u>8-26-08</u>		

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 9-8-08
 and
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 9-8-08

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

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