



9/13/12

PA0410 - PARCEL MASTER INQUIRY

14:45:50

PARCEL: RP 46N02W16200C A

F9=MS

F14=HO

F17=DD F19=SP

LEGAL DESCRIPTION

VANNATTER, ROBERT

S16 T46N R2W

TAX #347, PT #351 & PT #350

(PT SENE) (LESS TAX #1303 LESS +

ProVal Area Number 1

1313 W MEADOWHURST ROAD

CODE AREA 26-0000 OWNER CD

ST MARIES ID 83861

PARC TYPE LOC CODE 1

1313 W MEADOWHURST ROAD 83861

EFFDATE 4122007 EXPDATE

PREV PARCEL RP46N02W16200AT

| CAT    | RY   | QUANTITY | UN | VALUE  | HO MRKT | HO EXMP | CB MRKT | OTHER |
|--------|------|----------|----|--------|---------|---------|---------|-------|
| 3      | 2011 | 12590    | AC | 8334   |         |         |         |       |
| 10     | 2011 | 1000     | AC | 19000  | 19000   | 9500    |         |       |
| 31     | 2011 |          |    | 101906 | 101906  | 50953   |         |       |
| 32     | 2011 |          |    | 2570   |         |         |         |       |
| TOTALS |      | 13590    |    | 131810 | 120906  | 60453   |         |       |

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit

F6=NM F7=LG

F8=CT F13=TM F18=HS F20=SrcH

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**State law requires that this report be filed with the Director, Department of  
within 30 days after the completion or abandonment of the well

Location Corrected by IDWR To:

T46N R02W Sec. 16 SESWNE

By: segbert 2012-04-16

| <b>1. WELL OWNER</b><br>Name <u>Bo VanNatter</u><br>Address <u>Rte 2 Box 10 St. Marica</u><br>Owner's Permit No. <u>91-90-N-8</u> <u>83861</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>7. WATER LEVEL</b><br>Static water level _____ feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>Cool</u> OF, Quality <u>NO SMELL</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|----------------|--------------|--------------|---------------------|-----------------|---------------|----------------|--------------------|-----------------|-------------------------------------------------------------------|----------------|--------------|--------------|------------|------------|--------------|--------------|------------|------------|--------|------|----|------------------------|----------------|-------------------------|--------------------|------------|------------|--------------------|------------|--------------------------|--|----------|--|-----------|-----------|-------------------------|----------|--|--|-----------|-----------|------------------------|--|----------|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>30-40</u></td><td><u>67</u></td><td><u>1</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Discharge G.P.M. | Pumping Level  | Hours Pumped | <u>30-40</u> | <u>67</u>           | <u>1</u>        |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>30-40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>67</u>       | <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>8</u></td><td><u>0</u></td><td><u>39</u></td><td></td><td></td><td></td></tr><tr><td><u>6</u></td><td><u>39</u></td><td><u>67</u></td><td></td><td></td><td></td></tr><tr><td></td><td><u>0</u></td><td><u>8</u></td><td><u>Clay &amp; Shale</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>8</u></td><td><u>35</u></td><td><u>Loose Brown shale</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>35</u></td><td><u>65</u></td><td><u>Loose Blue shale</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td><u>65</u></td><td><u>67</u></td><td><u>Hard Blue shale</u></td><td></td><td><u>X</u></td></tr></tbody></table> |                          | Bore<br>Diam.    | Depth          |              | Material     | Water               |                 | From          | To             | Yes                | No              | <u>8</u>                                                          | <u>0</u>       | <u>39</u>    |              |            |            | <u>6</u>     | <u>39</u>    | <u>67</u>  |            |        |      |    | <u>0</u>               | <u>8</u>       | <u>Clay &amp; Shale</u> |                    | <u>X</u>   |            | <u>8</u>           | <u>35</u>  | <u>Loose Brown shale</u> |  | <u>X</u> |  | <u>35</u> | <u>65</u> | <u>Loose Blue shale</u> | <u>X</u> |  |  | <u>65</u> | <u>67</u> | <u>Hard Blue shale</u> |  | <u>X</u> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material                 |                  | Water          |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Yes              | No             |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>0</u>        | <u>39</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>39</u>       | <u>67</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>0</u>        | <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Clay &amp; Shale</u>  |                  | <u>X</u>       |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>8</u>        | <u>35</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Loose Brown shale</u> |                  | <u>X</u>       |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>35</u>       | <u>65</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Loose Blue shale</u>  | <u>X</u>         |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>65</u>       | <u>67</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Hard Blue shale</u>   |                  | <u>X</u>       |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED<br/>JUL 25 1990<br/>NORTHERN REGION<br/>IDWR</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <u>PVC</u><br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>0.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>39</u> feet</td></tr><tr><td><u>1.60</u> inches</td><td><u>4</u> inches</td><td><u>27</u> feet</td><td><u>67</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>1/8</u> inches by <u>4</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>40</u> perforations</td><td><u>27</u> feet</td><td><u>67</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>39</u> feet Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Tamp, surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Thickness        | Diameter       | From         | To           | <u>0.250</u> inches | <u>6</u> inches | <u>1</u> feet | <u>39</u> feet | <u>1.60</u> inches | <u>4</u> inches | <u>27</u> feet                                                    | <u>67</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | Number | From | To | <u>40</u> perforations | <u>27</u> feet | <u>67</u> feet          | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet               |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Diameter        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | From             | To             |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>0.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>6</u> inches |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | <u>1</u> feet    | <u>39</u> feet |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>1.60</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>4</u> inches | <u>27</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>67</u> feet           |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
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| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ inches    | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ feet               |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <u>40</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>27</u> feet  | <u>67</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>County <u>Beneva</u><br><u>SE 1/4 NE 1/4 Sec. 16, T.46</u><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>NE <input checked="" type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/><br>S <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                  | W              |              | E            |                     |                 |               | S              |                    |                 | <b>10.</b><br>Work started <u>7-17-90</u> finished <u>7-17-90</u> |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |
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| <b>11. DRILLERS CERTIFICATION</b> <u>20</u><br>I/We certify that all minimum well construction standards were<br>compplied with at the time the rig was removed.<br>Firm Name <u>HBO Well Serv.</u> Firm No. <u>448</u><br>Address <u>Hayden, ID</u> Date <u>7-19-90</u><br>Signed by (Firm Official) <u>John Wilson</u><br>and<br>(Operator) <u>Wayne Miller</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                  |                |              |              |                     |                 |               |                |                    |                 |                                                                   |                |              |              |            |            |              |              |            |            |        |      |    |                        |                |                         |                    |            |            |                    |            |                          |  |          |  |           |           |                         |          |  |  |           |           |                        |  |          |