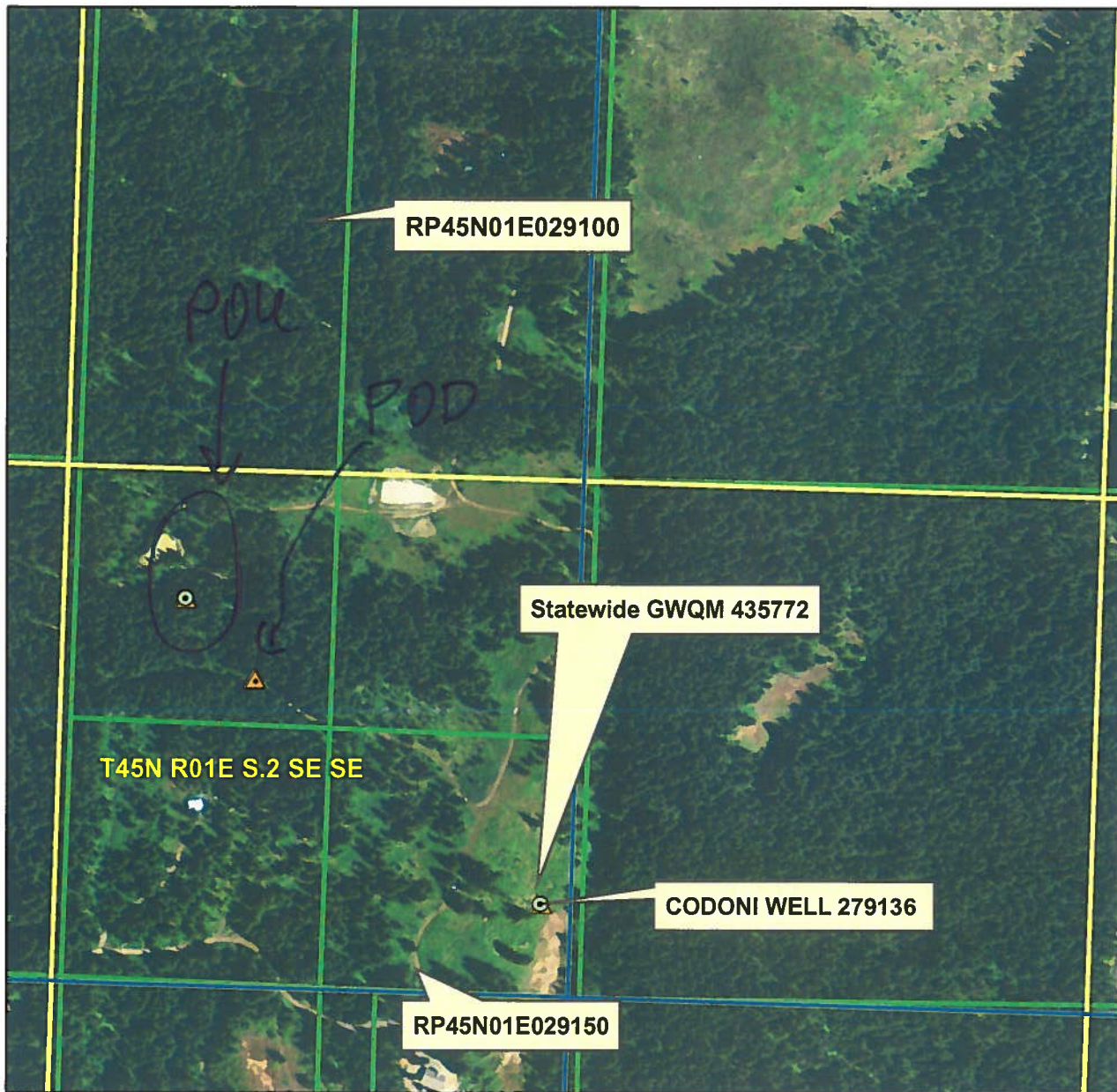


CLAIM 91-7244 ROBERSON IMAGE YR 2011 PIN RP45N01E029100



3/95 JFC 2 3 1997

## IDAHO DEPARTMENT OF WATER RESOURCES

**POSTED**

## WELL DRILLER'S REPORT

**Use Typewriter or Ballpoint Pen**

096810

Office Use Only

Inspected by \_\_\_\_\_

Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_

$$\frac{1}{4} \quad \frac{1}{4} \quad \frac{1}{4}$$

Lat:       :       :       Long:       :       :

☒ Air ☐ Flowing Artesian

## NORTHERN REGION

1. DRILLING PERMIT NO. 20000-3298  
Other IDWR No. 91-97-N-15

2. OWNER: KENDALL R. & JULIE ROBERSON  
Name: JULIE ROBERSON  
Address: 189 RIO DR.  
City: CHILI COFFE State: OH Zip: 45601

**3. LOCATION OF WELL by legal description:**

Sketch map location must agree with written location.

N  
 W E S  
 Twp. 45 North ☒ or South ☐  
 Rge. 1 East ☒ or West ☐  
 Sec. 2 NW 1/4 SE 1/4 SE 1/4  
10 acres 10 acres 160 acres  
 Gov't Lot \_\_\_\_\_ County BENEFIT  
 Lat. : : : Long. : : :  
 Address of Well Site up St 10E to  
GOLD BRIDGE up GOLD BRIDGE City ST MARIES  
 (Give at least name of road - Distance to Road or Landmark)  
Approx 5 mi.  
 Lt. \_\_\_\_\_ Bk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

#### 4. USE:

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

**5. TYPE OF WORK** check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other \_\_\_\_\_

## 6. DRILL METHOD

☒ Air Rotary    ☐ Cable    ☐ Mud Rotary    ☐ Other \_\_\_\_\_

## 7. SEALING PROCEDURES

| SEAL/FILTER PACK |      |    | AMOUNT            | METHOD   |
|------------------|------|----|-------------------|----------|
| Material         | From | To | Sacks or Pounds   |          |
| Bentall 7c       | 1    | 26 | 500 <sup>LB</sup> | TRIMMING |
|                  |      |    |                   |          |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20  
Was drive shoe seal tested? ☒ Y ☐ N How? Boards

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing                              | Linear                   | Welded                              | Threaded                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6        | +1   | 20 | 350   | 57 cd    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_

☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

260 ft. below ground      Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft.      Describe access port or  
control devices: \_\_\_\_\_

NWSESE 2 45N 1E

## 11. WELL TESTS:

☐ Pump    ☐ Bailer    ☒ Air    ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| PS10 + 0.1      | 1.1      | 1.7           |      |

Water Temp. cold Bottom hole temp. cold  
Water Quality test or comments: good

Depth first Water Encountered \_\_\_\_\_

## 12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

### 13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name PRECISION DRILLING Firm No. 558

Firm Official *James D. Conrad* Date 11-30-97

and  
Supervisor or Operator  Date 11-30-97

(Sign once if Firm Official & Operator)