

BARNEY, SAHNE R. PIN RP005300100080A

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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat:	:	Long:	:

1. WELL TAG NO. D 0033589
 DRILLING PERMIT NO. 812202
 Water Right or Injection Well No. _____

2. OWNER:
 Name John and Lori Stackow
 Address 89181 Hwy 3
 City St. Maries ID State ID Zip 83861

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 46 North ☒ or South ☐
 Rge. 2 East ☐ or West ☐
 Sec. 8 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ County Berkley
 Lat: _____ Long: _____
 Address of Well Site Stackow Lane
 City St. Maries
 (Give at least name of road + Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>-15</u>	<u>10 Sacks</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -100' and -405'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-100</u>	<u>2.80</u>	<u>Steel</u>	☒	☐	☒	☐
<u>5"</u>	<u>-90</u>	<u>-405</u>	<u>2.80</u>	<u>Steel</u>	☒	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-345</u>	<u>-400</u>	<u>1/4"</u>	<u>21</u>	<u>6" long</u>	<u>Steel</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 360 ft. Describe access port or control devices: CAP

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>20+</u>			<u>7h</u>

Water Temp. 52° Bottom hole temp. _____
 Water Quality test or comments: cloudy 100' down
oder Depth first Water Encounter 345'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>-100</u>	<u>Brown Broken Shale</u>	☒	☐
<u>6"</u>	<u>-100</u>	<u>-200</u>	<u>Gray med/Hard Shale</u>	☒	☐
<u>6"</u>	<u>-200</u>	<u>-220</u>	<u>Gray med/Hard Shale</u>	☒	☐
<u>6"</u>	<u>-220</u>	<u>-240</u>	<u>Gray Broken Shale</u>	☒	☐
<u>6"</u>	<u>-240</u>	<u>-345</u>	<u>Gray med Shale</u>	☒	☐
<u>6"</u>	<u>-345</u>	<u>-360</u>	<u>Gray med Shale</u>	☒	☐
<u>6"</u>	<u>-360</u>	<u>-390</u>	<u>Brown Broken Shale</u>	☒	☐
<u>6"</u>	<u>-390</u>	<u>-500</u>	<u>Brown/Gray Broken Shale</u>	☒	☐

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Completed Depth 405 (Measurable)
 Date: Started 3/29/04 Completed 4/09/04

14. DRILLER'S CERTIFICATION

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

Company Name All-ways Drilling Inc Firm No. 510
 Principal Driller Stanley Kwak Date 4/10/04
 and David K Miller Date 4/10/04
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

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