

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D D 0046048
 DRILLING PERMIT NO. 842110
 Water Right or Injection Well No. _____

2. OWNER:
 Name David/Kara Craner
 Address PO Box 505
 City St. Maries 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. 9 1/4 N/E 1/4 S/W 1/4
 Gov't Lot _____ County Benedict
 Lat: : : Long: : :
 Address of Well Site 450 Lower Odessa Loop
 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>40</u>	<u>85X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 178
 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>-178</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-15</u>	<u>-722</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type Formation packer @ 40'

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-657</u>	<u>-697</u>	<u>3/4</u>	<u>28</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>-260</u>	<u>-300</u>	<u>3/4</u>	<u>28</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

172 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 275 ft. Describe access port or control devices: well cap
46 N 2W 9

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>4 gpm</u>	<u>Airlift from 722'</u>		

Water Temp. 50° Bottom hole temp. _____
 Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>20</u>	<u>Clay Tan</u>		
	<u>20</u>	<u>140</u>	<u>clay tan w/shale</u>		
	<u>140</u>	<u>178</u>	<u>Shale-Broken Brown</u>		
<u>6"</u>	<u>178</u>	<u>275</u>	<u>Shale-Gray</u>		
	<u>275</u>	<u>280</u>	<u>Shale-Gray w/water</u>	☒	
			<u>3 gpm</u>		
	<u>280</u>	<u>620</u>	<u>Shale-Gray</u>		
	<u>620</u>	<u>622</u>	<u>Shale-Gray w/water</u>	☒	
			<u>1 gpm</u>		
	<u>622</u>	<u>722</u>	<u>Shale-Gray</u>		

RECEIVED
 NOV 01 2006
 IDWR/North

Completed Depth 722 (Measurable)
 Date: Started 9-14-06 Completed 9-20-06

14. DRILLER'S CERTIFICATION

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

Company Name Action Drilling Inc. Firm No. 618
 Principal Driller Alvin Carris Date 10-15-06
 and
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 10-15-06
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.