

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Bob Frazier
Address Rt 3 Box 96 St. Maries
Owner's Permit No. 91-91-N-6

7. WATER LEVEL

Static water level 15 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below _____

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Baller ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>15</u>	<u>90</u>	<u>1</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

73435

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>62</u>	<u>Sand-gravel-cobbles</u>	<u>X</u>	
	<u>62</u>	<u>90</u>	<u>Shale-Brown</u>	<u>X</u>	

4. METHOD DRILLED

PUC-40'

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>62</u> feet
<u>.160</u> inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No (order)Was a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation 1/8 inches by 5 inches

Number	From	To
<u>150</u> perforations	<u>50</u> feet	<u>90</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 62 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

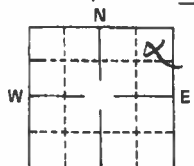
Weld _____

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Benevolence
N 1/4 N 1/4 Sec. 22 T. 46 S. 1 R. 1 W. 1

10.

Work started 11-25-91 finished 11-27-91

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name H/O Well Service Firm No. 448Address Flagman Idaho Date 12-2-91

Signed by (Firm Official) _____

and

(Operator) _____

91-7433 SHATZER PIN RP46N01E223201A

