

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0054089
DRILLING PERMIT NO. 849318
Water Right or Injection Well No. _____



2. OWNER:
Name Bud Steinebach
Address C/O 271 Hells Gulch Rd
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. 10 1/4 SW 1/4 SE 1/4
Gov't Lot _____
County Benedict
Lat: 47 : 20.5 : 98N Long: 116 : 34 : 27E
Address of Well Site C/O 271 Hells Gulch Rd. / 2 miles
From ST. MARIES High School 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>58</u>	<u>1254</u>	<u>Pour Around pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58
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>12</u>	<u>58</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>12</u>	<u>228</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skull Saw
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>168</u>	<u>228</u>	<u>1/16"</u>	<u>150</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:

128 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 155 ft. Describe access port or control devices:
Well Cap
46N 2W 10

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10 gpm</u>	<u>Air lift from 228 ft</u>		<u>1 hr</u>

Water Temp. 47 Bottom hole temp. _____
Water Quality test or comments: Cold & Cloudy

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>10</u>	<u>Clay turn</u>		
	<u>10</u>	<u>55</u>	<u>Broken Basalt</u>		
<u>6</u>	<u>55</u>	<u>72</u>	<u>Shale</u>		
	<u>72</u>	<u>110</u>	<u>Basalt hard</u>		
	<u>110</u>	<u>135</u>	<u>Shale soft</u>		
	<u>135</u>	<u>155</u>	<u>Basalt Broken / Fractured / 2 gpm</u>	☒	
	<u>155</u>	<u>190</u>	<u>Shale soft</u>		
	<u>190</u>	<u>228</u>	<u>clay red / w shale / 8 gpm</u>	☒	

RECEIVED
SEP 24 2007
IDWR/North

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 Interstate Drilling LLC Firm No. 689
Principal Driller Ryan Suchoski Date 9-19-07
and
Driller or Operator II _____ Date _____
Operator I B S Date 9-19-07
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.