

IDAHO DEPARTMENT OF WATER RESOURCES
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 DOO 46052
DRILLING PERMIT NO. 842818
Water Right or Injection Well No. _____

2. OWNER:

Name 818 SSL, LLC
Address % AIC AT 380 Q ST. STE 240
City Springfield State OR Zip 97477

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 45 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 14 1/4 N/E 1/4 S/E 1/4
Gov't Lot _____ County SHOSHONE

Lat: _____ : _____ : _____ Long: _____ : _____ : _____
Address of Well Site Route 3, Box 350 / ON ST 50E
LODGE RESORT CAMPU City CALDER

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>72</u>	<u>145x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 70'

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>-70</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-20</u>	<u>-225</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-165</u>	<u>-225</u>	<u>3/4</u>	<u>40</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:

42 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 135 ft. Describe access port or control devices _____

45N 3E 14

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15 gpm</u>	<u>Air lift</u>	<u>from 225</u>	

Water Temp. 44° Bottom hole temp. _____

Water Quality test or comments: Clear Some odor

Depth first Water Encounter 38

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>38</u>	<u>Sand + Gravel</u>		
	<u>38</u>	<u>40</u>	<u>Sand + Gravel w/ water</u>	☒	
			<u>5 gpm Dirty</u>		
	<u>40</u>	<u>65</u>	<u>Sand + Gravel w/ clay</u>		
	<u>65</u>	<u>70</u>	<u>Granite - Gray + white</u>		
<u>6"</u>	<u>70</u>	<u>135</u>	<u>Granite - Gray + white</u>		
	<u>135</u>	<u>140</u>	<u>Granite - Broken w/ water</u>	☒	
			<u>7 gpm</u>		
	<u>140</u>	<u>195</u>	<u>Gray Granite</u>		
	<u>195</u>	<u>225</u>	<u>Granite Broken w/ water</u>	☒	
			<u>15 gpm Total</u>		

RECEIVED

NOV 29 2006

IDWR/North

Completed Depth 225 (Measurable)

Date: Started 10-9-06 Completed 10-10-06

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 11-5-06

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 11-5-06

Principal Driller and Rig Operator Required.