

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 00028625
DRILLING PERMIT NO. 825348
Water Right or Injection Well No. _____

2. OWNER:
Name Fred Bowser
Address 9189 Helis 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. 47 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 32 1/4 S/W 1/4 S/W 1/4
Gov't Lot _____
County Beneva

Lat: _____ Long: _____
Address of Well Site Helis Gulch + Deep Creek
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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

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>25</u>	<u>6 SX</u>	<u>Pour Around Pipe</u>

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

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>-79</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-275</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>-255</u>	<u>-275</u>	<u>1"</u>	<u>16</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

65' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 26' ft. Describe access port or control devices: _____

Well Cap

47N 2W 32

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6 gpm</u>	<u>Air lift from</u>	<u>275</u>	

Water Temp. 54° Bottom hole temp. _____

Water Quality test or comments: Slightly Cloudy
no odor Depth first Water Encounter 97

3. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>21</u>	<u>Shale Hard gray</u>			
	<u>21</u>	<u>73</u>	<u>Shale Broken Brown</u>			
<u>6"</u>	<u>73</u>	<u>79</u>	<u>Basalt Gray</u>			
	<u>79</u>	<u>97</u>	<u>Basalt Gray</u>			
	<u>97</u>	<u>98</u>	<u>Gray Basalt 1 gpm</u>			
	<u>98</u>	<u>104</u>	<u>Basalt Soft Gray</u>			
	<u>104</u>	<u>170</u>	<u>Basalt Gray</u>			
	<u>170</u>	<u>176</u>	<u>Basalt Soft Gray</u>			
	<u>176</u>	<u>233</u>	<u>Basalt Hard Gray</u>			
	<u>233</u>	<u>244</u>	<u>Basalt Soft Gray</u>			
	<u>244</u>	<u>261</u>	<u>Basalt Broken w/ green clay</u>			
	<u>261</u>	<u>263</u>	<u>Basalt Broken w/ water</u>			
	<u>263</u>	<u>275</u>	<u>5 gpm Basalt Gray</u>			

RECEIVED

SEP 10 2003

IDWR/North

RECEIVED

OCT 10 2003

IDWR/North

Completed Depth 275 (Measurable)
Date: Started 7-28-03 Completed 7-29-03

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 Stank Kuclo Date 8-25-03

Driller or Operator II Alvin Carris Date 8-25-03

Operator I _____ Date _____

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

91-XXXXX QUIGLEY BENEWAH PIN RP47N02W326400A

