Form 238-7
6/07

copy

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061639
Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:
Name TODD HANSON
Address 9044 POTLATCH RD
City CALDER State ID Zip 83808

3.WELL LOCATION:
Twp. 45 North ☒ or South ☐ Rge. 2 East ☐ or West ☒ error
Sec. 1 ____ 10 acres 1/4 NE 40 acres 1/4 SE 160 acres 1/4
Gov't Lot _____ County SHOSHONE
Lat. 47 ° 16:314N (Deg. and Decimal minutes)
Long. 116 °08:376W (Deg. and Decimal minutes)
Address of Well Site 2613 NORTHSIDE RD
City CALDER
(Give at least name of road + Distance to Road or Landmark)
Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
BENTONITE	0	38ft	950LBS	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-38ft	2.50	STEEL	☒	☐	☐	☒
4"	-24ft	-705	sch40	PVC	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -38ft georoc for

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method SKILLSAW
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-504	-704	1/4X5	150	4"	PVC	SCH 40

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

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
NONE				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device WELL CAP

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 165 FT Static water level (ft) 154 FT
Water temp. (°F) COLD Bottom hole temp. (°F) _____
Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method: Pump	Bailer	Air	Flowing artesian
12-15gpm	airlift at705ft	for 3.5 hrs	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: COLD AND CLEAR/NO ODOR

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y
10"	0	12	DECOMPOSSED GRANITE	
	12	34	GRANITE SOFT	
6"	34	55	GRANITE MED-HARD	
	55	115	GRANITE BLACK AND WHITE	
	115	140	SHALE-BLUE SOFT	
	140	165	SHALE-BLUE-GREY AND PINK	
			HARD W/WATER 1/2 GPM	
	165	390	SHALE-BLUE-MEDIUM	
	390	465	SHALE-GRANITE W/WATER	
			4 GPM	
	465	490	GRANITE HARD	
	490	535	SHALE W- GRANITE MEDIUM	
			W/WATER 5 GPM	
	535	705	GRANITE HARD BLACK AND	
			WHITE W/WATER 5 GPM	
			TOTAL OF 12-15 GPM AT	
			705FT	

Completed Depth (Measurable): 704 FT
Date Started: 9-16-13 Date Completed: 9-20-13

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 Co. No. 689
*Principal Driller R Yan Suchosk Date 9-23-13
*Driller _____ Date 9-23-13
*Operator II _____ Date _____
Operator I _____ Date _____

*** Signature of Principal Driller and rig operator are required.**