

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT



1. WELL TAG NO. D D0053813

DRILLING PERMIT NO. 848213

Water Right or Injection Well No. _____

2. OWNER:

Name CHAD & LONI HALL

Address PO Box 331

City PINEHURST State ID Zip 83850

3. LOCATION OF WELL by legal description:

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

Twp. 48 North ☒ or South ☐

Rge. 2 East ☒ or West ☐

Sec. 5 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County SHOSHONE

Lat: _____ Long: _____

Address of Well Site 100 CIRCLE DRIVE

City PINEHURST

(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>65</u>	<u>14 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 230

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>-238</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-20</u>	<u>-362</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>-302</u>	<u>-362</u>	<u>3/4</u>	<u>60</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:

180 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 238 ft. Describe access port or control devices: _____

Well Cap

48 N 2E S

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>18 gpm</u>	<u>Air lift</u>	<u>from</u>	<u>362</u>

Water Temp. 52° Bottom hole temp. _____

Water Quality test or comments: Clear

Depth first Water Encounter 238

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>5</u>	<u>clay - Tan</u>		
	<u>5</u>	<u>8</u>	<u>Clay - Green</u>		
	<u>8</u>	<u>120</u>	<u>Clay - Tan</u>		
	<u>120</u>	<u>180</u>	<u>Clay - Tan w/shale</u>		
	<u>180</u>	<u>225</u>	<u>Clay - Gray w/shale</u>		
	<u>225</u>	<u>238</u>	<u>Shale - Gray</u>		
<u>6</u>	<u>238</u>	<u>240</u>	<u>shale w/water</u>	☒	
			<u>29 gpm</u>		
	<u>240</u>	<u>315</u>	<u>shale - Gray</u>		
	<u>315</u>	<u>380</u>	<u>Shale - Gray w/water</u>	☒	
			<u>49 gpm</u>		
	<u>320</u>	<u>340</u>	<u>Shale Gray w/water</u>	☒	
			<u>12 gpm</u>		
	<u>340</u>	<u>362</u>	<u>Shale Gray</u>		

RECEIVED

NOV 13 2007

IDWR/North

Completed Depth 362 (Measurable)

Date: Started 8-21-07 Completed 8-23-07

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 9-20-07

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 9-20-07

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