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MAY 20 1996

DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096868

|                 |     |     |      |
|-----------------|-----|-----|------|
| Office Use Only |     |     |      |
| Inspected by    |     |     |      |
| Twp             | Rge | Sec |      |
| 1/4             | 1/4 | 1/4 |      |
| Lat             | :   | :   | Long |
| :               | :   | :   | :    |

1. DRILLING PERMIT 95-96-N-037-000

Other IDWR No. \_\_\_\_\_

## 2. OWNER

Well Number:

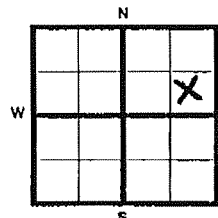
Name MOGLIA, LEONARD

387

Address 5701 PINEGROVE CTCity CDA State ID Zip 83814

## 3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 49 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ WestSec. 04 1/4 SE 1/4 NE 1/4Gov't Lot \_\_\_\_\_ County KOOTENAI

Lat: : : Long: : :

Address of Well Site KIDD ISL RD

City \_\_\_\_\_

(Give at least name of road + Distance to Road or Landmark)

Lt. \_\_\_\_\_ Bk. \_\_\_\_\_ 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/FILTER PACK |      |    | AMOUNT          | METHOD |
|------------------|------|----|-----------------|--------|
| Material         | From | To | Sacks or Pounds |        |
| BENTONITE        | 0    | 18 | 2 SACKS         | GEL    |
|                  |      |    |                 |        |
|                  |      |    |                 |        |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☐ Y ☐ N How? \_\_\_\_\_

## 8. CASING/LINER:

| Diameter | From | To | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|------|----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6        | +2   | 18 | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4        | -10  | 45 | .160  | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |    |       |          |                                     |                                     |                                     |                          |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☒ Perforations Method SAWCUT
☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                               |
|------|----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 40   | 10 | 1/16      | 60     | 4        | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |    |           |        |          |          |                          |                                     |
|      |    |           |        |          |          |                          |                                     |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

2 ft. below ground Artesian pressure \_\_\_\_\_ lb.

Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices:

SE NG 4 49N 4W

## 11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time  |
|-----------------|----------|---------------|-------|
| 50              |          |               | 1 1/2 |
|                 |          |               |       |
|                 |          |               |       |

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: \_\_\_\_\_

Depth first Water encountered \_\_\_\_\_

## 12. LITHOLOGIC LOG:(Describe repairs or abandonment)

| Bore<br>Diam                                                                                      | From | To | Remarks: Lithology, Water Quality, Temperature      | Water                               |                                     |
|---------------------------------------------------------------------------------------------------|------|----|-----------------------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                   |      |    |                                                     | Y                                   | N                                   |
| 10                                                                                                | 0    | 18 | Basalt Black Hard                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6                                                                                                 | 18   | 40 | Basalt Black Hard                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6                                                                                                 | 40   | 50 | Basalt Black Med Hard                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6                                                                                                 | 50   | 52 | Basalt Black Fracture                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6                                                                                                 | 52   | 55 | Clay Blackish Brown                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|                                                                                                   | 0    | 0  | Basalt Interbeds                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                   | 0    | 0  | 1x6" weld on Cap                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <div style="text-align: center;"> <p>RECEIVED</p> <p>MAR - 5 2015</p> <p>IDWR/NORTHERN</p> </div> |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
|                                                                                                   |      |    |                                                     |                                     |                                     |
| Completed Depth <u>55'</u> (Measurable)                                                           |      |    | Date: Started <u>5/9/96</u> Completed <u>5-9-96</u> |                                     |                                     |

## 13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448Firm Official Phu Le Date 5-16-96and Supervisor or Operator Mark E. Le Date 5-14-96

(Sign Once if Firm Official and Operator)