

APR 25 1934

Use Typewriter  
or  
Ball Point Pen

**2. OWNER:**  
Name CHUCK RICCIARDI  
Address 1221 N 6TH ST  
City COEUR D'ALENE State ID Zip 83814

**Sketch map location must agree with written location.**

Twp. 50 North ☒ or South ☐  
 Rge. 04 East ☐ or West ☒  
 Sec. 16  $\frac{1}{4}$  Nw  $\frac{1}{4}$  Nw  $\frac{1}{4}$   
 Gov't Lot \_\_\_\_\_ County KOOTENAI

10 acres 40 acres 160 acres

NEIGH AND BE

Address of Well Site HIGHLAND DR.

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

Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

☒ Domestic    ☐ Municipal    ☐ Monitor    ☐ Irrigation  
☐ Thermal    ☐ Injection    ☐ Other

☒ New Well    ☐ Modify or Repair    ☐ Replacement    ☐ Abandonment☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

| SEAL/FILTER PACK |      |    | AMOUNT          | METHOD |
|------------------|------|----|-----------------|--------|
| Material         | From | To | Sacks or Pounds |        |
| BENTONITE        |      |    |                 |        |
| WELL SEAL        | 0    | 18 | 5 bags          | Pour   |
|                  |      |    |                 |        |

Was drive shoe used? Y ☐ N ☐  
Was drive shoe seal tested? Y ☐ N ☐ How?

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6"       | +1-5 | 19  | 250   |          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4"       | -8   | 283 | 160   | PSI      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

☒ Perforations      Method SKILL SAW  
☐ Screens      Screen Type \_\_\_\_\_

| From | To  | Slot Size | Number | Diameter | Material | Casing                   | liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 240  | 280 | 1/8x4     | 120    | 4"       |          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/>            |
|      |     |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/>            |

45 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or  
control devices: \_\_\_\_\_

Control devices: NW NW 16 50N 4w

☐ Pump    ☐ Boiler    ☒ Air R    ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 100+            |          |               |      |
|                 |          |               |      |
|                 |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_  
Water Quality test or comments: \_\_\_\_\_

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

[illegible]

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

Firm Name **H2O WELL SERVICE INC** Firm No. **448**

Firm Official Brett M. Felt Date 11-18-94

and  
Supervisor or Operator Mark L. Lee Date 4/18/94

(Sign once if Firm Official & Operator)

**FORWARD WHITE COPY TO WATER RESOURCES**