

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE COEUR D'ALENE-SPOKANE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

ID Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Amount: \_\_\_\_\_ By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For domestic and/or stockwater purposes where  
daily use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) Chad E Hammons Phone 208-582-0882  
Mailing address 88550 Highway 3 N St. Maries ID ZIP 83861  
Street or Box City State
2. Date of priority (only one (1) per claim) 5/23/1986  
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water ☒ or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_
4. Location of point of diversion is: Township 46 N, Range 2 W, Section 08,  
1/4 of \_\_\_\_\_ 1/4, or Govt. Lot \_\_\_\_\_, B.M., County of Beneva  
Parcel (PIN) no. RP46N02W08510 A  
Additional points of diversion, if any: \_\_\_\_\_  
If available, GPS coordinates \_\_\_\_\_
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.  
Well w/ pump
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)  
For Domestic purposes from 1-1 to 12-31 amount .04 cfs ☒ AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ cfs ☐ AFY ( )
7. Total quantity claimed .04 cfs ☒ or AFY ( )
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 2 residences.

My name is Chad E Hammons

My address is 88550 Highway 3 N.  
St. Maries ID. 83861

My phone number is: work \_\_\_\_\_ Home 208-582-0882

☐ I am an attorney representing \_\_\_\_\_

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My phone number is \_\_\_\_\_

☐ I did not file a Notice of Claim to the use of water in the CSRBA because:

Well was drilled in 1986 and I was  
unaware that I was required  
to file

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☒

I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you must attach a copy of your Notice of Claim.)

Well drillers report & notice of claim

9. Location of place of use is: Township 46N, Range 2W, Section 08, \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4,  
or Govt. Lot \_\_\_\_\_, B.M., Parcel (PIN) no. (if different than shown in Item 4) Same

For (check one) Domestic ☒ Stock ( ) Domestic and Stock ( )

Additional places of use, if any: \_\_\_\_\_

10. In which county(ies) are lands listed above as place of use located? Benewah

11. Do you own the property listed above as place of use? Yes ☒ No ( )

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

88586 Highway 3 N. or None ( )

13. Remarks:

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable, provide IDWR water right number 91-86-N2

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do ( ) do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: \_\_\_\_\_

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) Chad E. Hammond Date: 9-1-15

\_\_\_\_\_  
Date: \_\_\_\_\_

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_  
Title of \_\_\_\_\_ Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_  
Title of \_\_\_\_\_ Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent \_\_\_\_\_ Date \_\_\_\_\_

Title and organization \_\_\_\_\_

16. Notice of appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

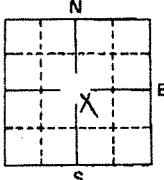
Address \_\_\_\_\_

\_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR  
BALLPOINT PEN

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br>Name <u>Dave Kraussalt</u><br>Address <u>Rte 2 Box 55</u><br><u>et. Jones 83861</u><br>Owner's Permit No. <u>91-86-N-2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7. WATER LEVEL</b><br>Static water level <u>15</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>Cold</u> OF. Quality _____<br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                               |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>12</u></td><td><u>WITH AIR</u></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                 | Discharge G.P.M. | Pumping Level       | Hours Pumped | <u>12</u>         | <u>WITH AIR</u> |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hours Pumped     |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>WITH AIR</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
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| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>8</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>8</td><td>40</td><td>Loose shale caverns</td><td>X</td><td></td></tr><tr><td>6</td><td>40</td><td>44</td><td>HARD SHALE</td><td></td><td>X</td></tr><tr><td>6</td><td>44</td><td>116</td><td>HARD SHALE</td><td></td><td>X</td></tr><tr><td>6</td><td>116</td><td>120</td><td>BROKEN SHALE</td><td>X</td><td></td></tr><tr><td>6</td><td>120</td><td>150</td><td>HARD SHALE</td><td></td><td>X</td></tr></tbody></table> | Bore Diam.       | Depth               |              | Material          | Water           |                | From           | To | Yes | No | 8 | 0 | 8 | CLAY |  | X                 | 8               | 8 | 40              | Loose shale caverns | X    |    | 6 | 40 | 44 | HARD SHALE |  | X | 6 | 44 | 116 | HARD SHALE |  | X | 6 | 116 | 120 | BROKEN SHALE | X |  | 6 | 120 | 150 | HARD SHALE |  | X |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Material            | Water        |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8                | CLAY                |              | X                 |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 40               | Loose shale caverns | X            |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 44               | HARD SHALE          |              | X                 |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 116              | HARD SHALE          |              | X                 |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 120              | BROKEN SHALE        | X            |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 150              | HARD SHALE          |              | X                 |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>15</u> feet</td><td><u>44</u> feet</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td><u>PVC</u> inches</td><td><u>4</u> inches</td><td></td><td><u>120</u> feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>44</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter         | From                | To           | <u>250</u> inches | <u>6</u> inches | <u>15</u> feet | <u>44</u> feet |    |     |    |   |   |   |      |  | <u>PVC</u> inches | <u>4</u> inches |   | <u>120</u> feet | Number              | From | To |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | From             | To                  |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>15</u> feet   | <u>44</u> feet      |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <u>PVC</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>4</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | <u>120</u> feet     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | To               |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County _____<br><u>N/12 1/4 S/12 1/4 Sec. 8, T. 46 N, R. 2 E W</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>11. DRILLERS CERTIFICATION</b> <u>oe</u><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>H. D. Well Service</u> Firm No. <u>448</u><br>Address _____ Date <u>5/23-86</u><br>Signed by (Firm Official) <u>John H. Wheeler</u><br>and<br>(Operator) <u>Clarence Shultz</u>                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>10.</b> Work started <u>5-20-86</u> finished <u>5-22-86</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                     |              |                   |                 |                |                |    |     |    |   |   |   |      |  |                   |                 |   |                 |                     |      |    |   |    |    |            |  |   |   |    |     |            |  |   |   |     |     |              |   |  |   |     |     |            |  |   |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

9/01/15

## PMO100 - PARCEL MASTER INQUIRY

09:16:29

PARCEL: RP 46N02W085110 A

F9=MS

F14=HO

F17=DD F19=SP

## LEGAL DESCRIPTION

S8 T46N R2W

TAX #384 (PT LOT 1)

HAMMONS, CHAD E

ProVal Area Number 1

88550 HIGHWAY 3 N

CODE AREA 26-0000 OWNER CD

PARC TYPE LOC CODE 1

EFFDATE 5201986 EXPDATE

ST MARIES ID 83861

88550 HWY 3 N 83861

PREV PARCEL

X for parcel comments

| CAT/ST# | RY   | QUANTITY | UN | VALUE  | HO MRKT | HO EXMP | CB MRKT | OTHER |
|---------|------|----------|----|--------|---------|---------|---------|-------|
| 12 1    | 2011 | 1200     | AC | 70000  | 70000   | 27342   |         |       |
| 32 1    | 2011 |          |    | 3780   |         |         |         |       |
| 34 1    | 2011 |          |    | 159343 | 159343  | 62238   |         |       |

| TOTALS | QUANTITY | VALUE  | HO MRKT | HO EXMP |
|--------|----------|--------|---------|---------|
|        | 1200     | 233123 | 229343  | 89580   |

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG  
 F8=CT F13=TM F18=HS F20=SrcH F22=EU