



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

**Use Typewriter
or
Ball Point Pen**

Corrected Rpt.

1. DRILLING PERMIT NO 95 - 94 - N - 273 -
Other IDWR No.

2. OWNER:

Name SUSAN MOTZNY
Address 511 E. SHAENANDOAH DRIVE
City SPOKANE State WA Zip 99208

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 50N North ☒ or South ☐
 Rge. 5W East ☐ or West ☒
 Sec. 8 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ County KOOTENAI

Address of Well Site PLEASANT VIEW DRIVE

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

Li. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	21	7 SACKS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 21'

Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	2	21	250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure lb.
Depth flow encountered ft. Describe access port or
control devices: CAP

17 SON SW

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 EST.	N/A	600'	1 HR.

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	2	SOIL FILL		X
	2	12	DECOMPOSED GRANITE TAN		X
	12	18	GRANITE TAN/BLACK MED		X
	18	20	GRANITE TAN		X
	20	21	GRANITE B&W MED		X
6"	21	120	GRANTIE B&W MED		X
	120	140	GRANITE B&W MED	X	
	140	220	GRANITE B&W MED		X
	220	235	GRANITE MOSTLY WHITE MED		X
	235	380	GRANITE B&W MED		X
	380	405	GRANTIE MOSTLY WHITE MED		X
	405	480	GRANTIE B&W MED		X
5 1/4"	480	600	GRANTIE B&W MED		X

A rectangular stamp with the word "RECEIVED" in large, bold, capital letters at the top. Below it, the date "JAN 11 1985" is stamped. At the bottom, "IDWR" is stamped in a smaller font.

OFFICE USE ONLY Inspected by <u>TOK</u> Twp <u>50N</u> Rge <u>5W</u> Sec <u>7</u> <u>1/4 NW 1/4 SW 1/4</u>

Completed Depth 600' (Measurable)
Date: Started 11/28/94 Completed 12/2/94

13. DRILLER'S CERTIFICATION

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

Firm Name UNITED DRILLING INC. Firm No. 414

Firm Official Sam McCallister Date 12-6-94
and

Supervisor or Operator Lacey Vandell Date 12/14/2011
(Sign once if Firm Official & Operator)



RECEIVED

APR 29 1996

IDWR

Corrected Rpt.

Permit No. 95-94-N-273-501

FRACTURING LOG

1. OWNER: Name Nick & Susan Motzny
Address: 3695 W. Sandback Place, Post Falls, ID 83854

Total depth 600Diameter 6"

2. TYPE OF WORK: Hydrofracturing

3. WELL TESTS:

Yield: gal./min. with ft. drawdown after Hrs.
Pre-frac: _____

Post-frac: _____

4. HYDRO-FRACTURING LOG

Hydrofractured at depths of:

399 - bottom294 - 399 ft189 - 294 ft84 - 189 ft

OFFICE USE ONLY

Inspected by TDRTwp 50N Rge 5W Sec 171/4 NW 1/4 SW 1/4

5. FRACTURER'S STATEMENT:

This well was hydro-fractured under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Northwest Hydrofracturing
Address W. 14010 Lincoln Road, Spokane, WA 99204
Signed [Signature]
Date Job was done 4/24/96

6. LOCATION OF WELL: County Kootenai
SW 1/4 SE 1/4 Sec. 8 T 50N N, R 5 W WM

NW SW 17 50N 5W