

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0033380  
Drilling Permit No: 809255  
Other IDWR No. \_\_\_\_\_

2. OWNER HAYDEN, JIM Well Number: 696

Address 7264 W. EAGLE RDG RD.  
City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description  
sketch map location must agree with written location

| N |   |  |
|---|---|--|
|   |   |  |
|   | X |  |
|   |   |  |

Twp. 50N ☒ North or ☐ South  
Rge. 4W ☐ East or ☒ West  
Sec. 31 1/4 SW 1/4 NE 1/4  
Gov't Lot \_\_\_\_\_ County KOOTENAI  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site SAME City SAME

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

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

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other \_\_\_\_\_

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other \_\_\_\_\_

7. SEALING PROCEDURES

| SEAL/FILTER PACK |      |    | AMOUNT          | METHOD   |
|------------------|------|----|-----------------|----------|
| Material         | From | To | Sacks or Pounds |          |
| DRY GRANULE      |      |    |                 |          |
| BENTONITE        | 0    | 18 | 4 BAGS          | OVERBORE |
|                  |      |    |                 |          |

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

Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6        | +2   | 18  | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4        | -6   | 502 | .160  | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type \_\_\_\_\_

| From | To  | Slot Size | Number | Diameter | Material | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| -482 | 502 | 1/8 X 6   | 50     | 4        | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered 479 ft. Describe access port or control devices: \_\_\_\_\_

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time  |
|-----------------|----------|---------------|-------|
| 5 - 6           |          |               | 1 HR. |

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 160

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

|           |      |     |                                                | Water                               |                          |
|-----------|------|-----|------------------------------------------------|-------------------------------------|--------------------------|
| Bore Diam | From | To  | Remarks: Lithology, Water Quality, Temperature | Y                                   | N                        |
| 8         | 0    | 3   | Top Soil                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8         | 3    | 16  | Decomposed Granite                             | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8         | 16   | 18  | Granite White w/Black                          | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 18   | 41  | Granite White w/Black                          | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 41   | 49  | Granite white/Copper - Soft                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6         | 49   | 151 | Granite White w/ Black                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 151  | 169 | Granite Black w/ White                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6         | 169  | 343 | Granite White w/ Black                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 343  | 362 | Granite Black w/ White                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 362  | 460 | Granite White w/ Black                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6         | 460  | 479 | Granite Black w/ White                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6         | 479  | 502 | Granite White w/ Black                         | <input type="checkbox"/>            | <input type="checkbox"/> |

RECEIVED

JAN - 28 - 04

IDWR North

Completed Depth 502 (Measurable)  
Date: Started 11/24/03 Completed 11/27/03

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 12-4-03

and Supervisor or Operator [Signature] Date 12-4-03

(Sign Once if Firm Official and Operator)

(Todd Morgan)

50N 4W 31