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Form No. 42-1409-2 (Internet 12/08)

IDWR / NORTH
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

Ident. Number 95-15134Date Received: 5/12/11Receipt No: N027117Received By: db

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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

IDWR / NORTH

1. Name of Claimant(s) LOW B REYNOLDS Phone 208 686 0161Mailing Address 5862 MINALOOZA RD Premier ID. Zip 83851
Street or Box City State2. Date of Priority: (Only one per claim) 8-25-2005
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) N44. Location of Point of Diversion is: Township 45N, Range 04W, Section 6
NW1/4 1/4 of NE 1/4, or Govt. Lot 2 BM. County of BENAWAHParcel (PIN) no. RP45N04W060600AAdditional points of diversion if any: NONEIf available, GPS coordinates: NONE

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.

SUBMERSIBLE PUMP IN WELL

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 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 HOME

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MAY 12 2011

9. Location of Place of Use is: Township 45N, Range 04W, Section 6,
NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. AP45N04W060600A
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any NONE

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

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

If the 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.

_____ 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 _____

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: 2

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) Don B. Reynolds Date: 5-12-2011

_____ Date: _____

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

_____ of _____,
Title Organization

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

_____ of _____,
Title 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:

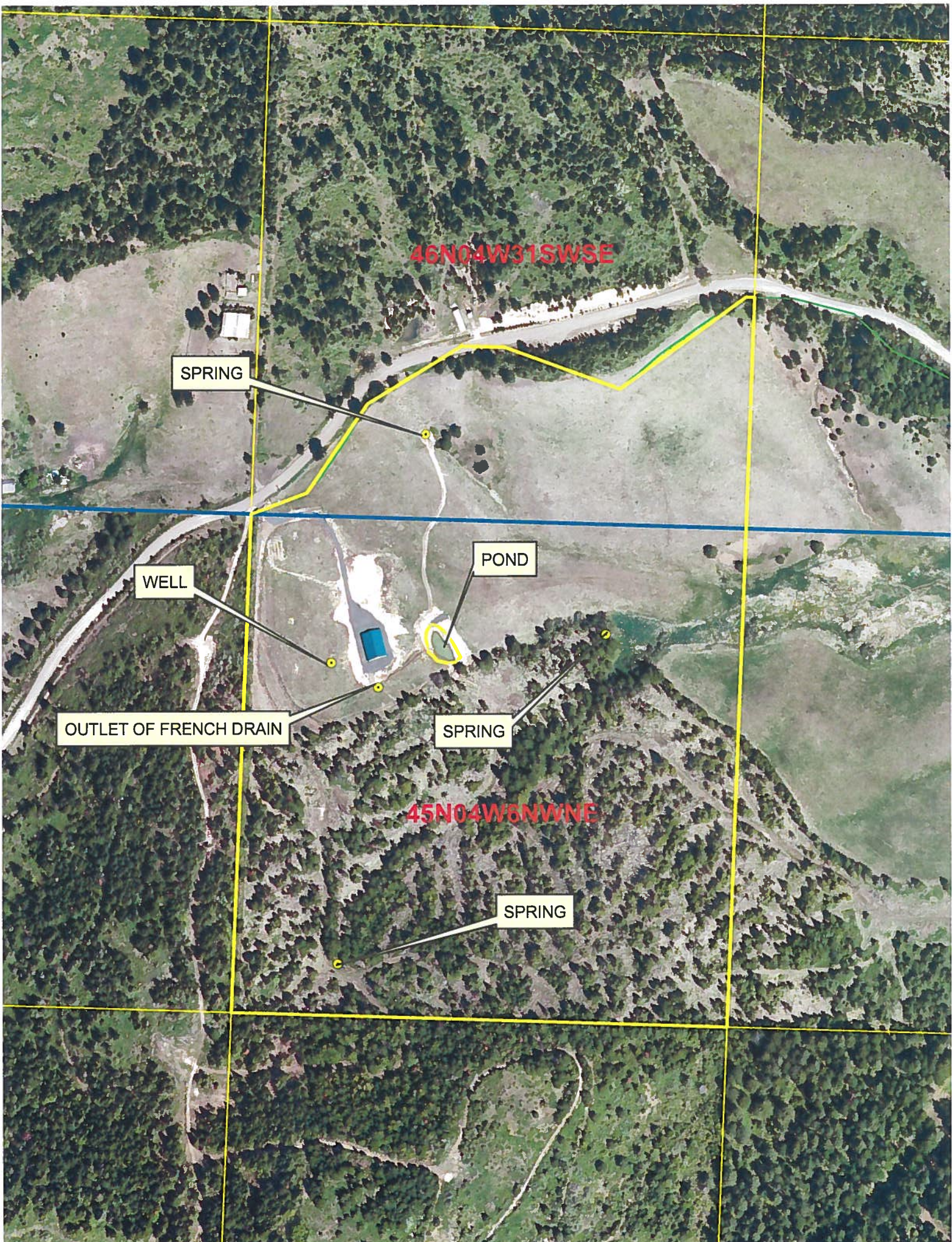
Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

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MAY 12 2011



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D D0040652
DRILLING PERMIT NO. 835527
Water Right or Injection Well No. _____

2. OWNER:
Name Lon B Reynolds
Address 2960 Eagle St.
City Carson City State Nev Zip 89704

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 46 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 31 1/4 S/E 1/4 S/E 1/4
Gov't Lot _____
County Beneva 10 acres 40 acres 160 acres

Lat: _____ Long: _____
Address of Well Site 5700 Mingloosa Valley Road
City Plummer

Lot _____ 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>12 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 50'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-58</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>-223</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-163</u>	<u>-223</u>	<u>3/4</u>	<u>42</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

24' ft. below ground Artesian pressure _____ lb.

Depth flow encountered 135 ft. Describe access port or control devices: _____

well cap

46N 4W 31

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 gpm</u>	<u>Airlift from 223'</u>		

Water Temp. 52° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 15'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>15</u>	<u>Shale-Tan</u>		
	<u>15</u>	<u>20</u>	<u>Shale-Tan w/water</u>	☒	
			<u>20 gpm</u>		
	<u>20</u>	<u>58</u>	<u>Shale-Tan</u>		
<u>6"</u>	<u>58</u>	<u>135</u>	<u>Shale-Tan</u>		
	<u>135</u>	<u>137</u>	<u>Shale-Tan w/water</u>	☒	
			<u>3 gpm</u>		
	<u>137</u>	<u>155</u>	<u>Shale-Tan</u>		
	<u>155</u>	<u>160</u>	<u>Shale-Tan w/water</u>	☒	
			<u>2 gpm</u>		
	<u>160</u>	<u>180</u>	<u>Shale-Tan w/water</u>	☒	
			<u>10 gpm</u>		
	<u>180</u>	<u>190</u>	<u>Shale-Tan</u>		
	<u>190</u>	<u>200</u>	<u>Shale-Tan w/water</u>	☒	
			<u>5 gpm</u>		
	<u>200</u>	<u>223</u>	<u>Shale-Tan w/water</u>	☒	
			<u>10 gpm</u>		
			<u>30 gpm Total</u>		
			<u>@ 223</u>		

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OCT 11 2005
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Completed Depth 223 (Measurable)

Date: Started 8-24-05 Completed 8-25-05

14. DRILLER'S CERTIFICATION

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

Company Name Action Drilling Inc Firm No. 6018

Principal Driller Alvin Carris Date 9-20-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 9-20-05

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.