

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 846186
DRILLING PERMIT NO. D0051651
Water Right or Injection Well No. _____



2. OWNER:
Name DAVE SHARPE
Address 12643 W. SUN MEADOW RD
City WORLEY State ID Zip 83876

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 48 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 26 1/4 S/E 1/4 S/E 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site 12643 W. SUN MEADOW RD.
City WORLEY
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>12 sz</u>	<u>Pour Around pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 568
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" + 2</u>	<u>-568</u>	<u>250</u>	<u>Steel</u>	☒ <u>W</u>	☐	☒ <u>W</u>	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type Formation Packer @ 60'

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method none

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>none</u>							

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
449 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 660 ft. Describe access port or control devices: well cap

48N 5W 26

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal / min.	Drawdown	Pumping Level	Time
<u>18 gpm</u>	<u>Air lift from</u>	<u>670</u>	

Water Temp. 56° Bottom hole temp. _____
Water Quality test or comments: Clear no odor

Depth first Water Encounter 380

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
<u>8</u>	<u>0</u>	<u>8</u>	<u>Clay - Tan</u>	
	<u>8</u>	<u>270</u>	<u>Basalt - Gray</u>	
	<u>270</u>	<u>320</u>	<u>Clay - Tan</u>	
	<u>320</u>	<u>352</u>	<u>Clay - Brown</u>	
	<u>352</u>	<u>370</u>	<u>Basalt - Gray</u>	
	<u>370</u>	<u>380</u>	<u>Shale - Tan</u>	
	<u>380</u>	<u>400</u>	<u>Basalt - Gray w/water</u>	☒
			<u>1 gpm</u>	
	<u>400</u>	<u>530</u>	<u>Basalt - Gray</u>	
	<u>530</u>	<u>569</u>	<u>Sand - med</u>	
<u>6"</u>	<u>569</u>	<u>590</u>	<u>Sand - Hard - Conglomerant</u>	
	<u>590</u>	<u>660</u>	<u>Shale - Gray</u>	
	<u>660</u>	<u>670</u>	<u>Shale - Gray w/water</u>	☒
			<u>18 gpm</u>	

RECEIVED

JUN 15 2007

IDWR/North

SCANNED
JAN 05 2018

Completed Depth 673 (Measurable)
Date: Started 4-18-07 Completed 4-29-07

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. 618
Principal Driller ALVIN CARRIS Date 5-10-07
and
Driller or Operator II _____ Date _____
Operator I Alvin Carris Date 5-10-07
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.