

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061894

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:

Name Steven A Wolf
Address 586 W. Lacey Ave
City Hayden State ID Zip 83835

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 31 SW 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Kootenai
Lat. 47 ° 53.499 (Deg. and Decimal minutes)
Long. 116 ° 52.939 (Deg. and Decimal minutes)
Address of Well Site 7633 W. Twin Lakes Rd.

City Rathdrum
(Give at least name of road + Distance to Road or Landmark)
Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	18	600lbs	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	460	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 460'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
440	460	1/2x1	20	6	Steel	.250

Length of Headpipe NA Length of Tailpipe NA
Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device NA

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 430' Static water level (ft) 430'
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
460	40+ gpm	240

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	18	Sand and Gravel		X
8	18	50	Sand and Gravel		X
8	50	430	Blue Clay		X
8	430	460	Sand and Gravel	X	

RECEIVED

APR 16 2014

IDWR / NORTH

Completed Depth (Measurable): 460'

Date Started: Mar 31, 2014

Date Completed: Apr 2, 2014

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 Horsley Drilling, Inc. Co. No. 632
*Principal Driller C. Mark Horsley Date Apr 4, 2014
*Driller Steve C Horsley Date Apr 4, 2014
*Operator II Zach Horsley Date Apr 4, 2014
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.