

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 00 51655
 DRILLING PERMIT NO. 845353
 Water Right or Injection Well No. _____

2. OWNER:
 Name Dale Springs
 Address 2670 Hwy 9
 City Princeton State ID Zip 0618

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 41 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 17 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County LATAH
 Lat: _____ Long: _____
 Address of Well Site 2670 Hwy 9
 City Princeton
 (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>26</u>	<u>400#</u>	<u>Top Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 26 ft.
 Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-26</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4.5"</u>	<u>-10</u>	<u>-640</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method SAW
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-600</u>	<u>-640</u>	<u>1/8x4</u>	<u>42</u>	<u>4.5"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
320 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____
Top of casing
41 N 3W 17

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>25</u>			<u>1.5</u>

Water Temp. 55° Bottom hole temp. _____
 Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	13	Overburden		-
10	13	21	Soft Bk BSLT		-
10	21	26	Med Hd BSLT		-
6	26	60	" " "		-
6	60	72	Soft Bk BSLT		-
6	72	120	Bk BSLT		-
6	120	131	Soft Bk		-
6	131	420	Hd Bk BSLT		-
6	420	540	Gray Shale		-
6	540	570	Brown Shale		-
6	570	625	Bk BSLT		-
6	625	640	Sandstone-Haymond	25	

RECEIVED
 FEB 27 2007
 IDWR/North

Completed Depth 640 ft. (Measurable)
 Date: Started 2-17-07 Completed 2-22-07

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 UHLER/KOTI Drilling Firm No 125
 Principal Driller Jim J. Uhlener Date 2-23-07
 and _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

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