

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D00 55317

Drilling Permit No. 853694
Water right or injection well # _____

2. OWNER

Name LANCE WOOLVERTON
Address 554 HWY 95 #9
City POTLATCH State ID Zip 83855

3. WELL LOCATION:

Twp. 41 North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 7 1/4 NE 1/4 SW 1/4
10 acres 40 acres 160 acres

Gov't Lot -- County LATAH
Lat. 46 ° 54.27.78 (Deg. and Decimal minutes)
Long. 116 ° 53.23.94 (Deg. and Decimal minutes)
Address of Well Site 1645 ROCK CREEK RD
City POTLATCH

(Drive 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 check all that apply (Replacement etc.)

☒ 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 ft³)	Placement method/procedure
BENTONITE	0	18	400#	TOP POUR

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	18	.250	STEEL	☒	☐	☐	☒
4.5	15	235	160	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

9. PERFORATIONS/SCREENS:

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

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
195	235	1/8 X4	42	4.5	PVC	160

Length of Headpipe N/A Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
N/A				

11. FLOWING ARTESIAN:

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

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 218 Static water level (ft) 58
Water temp. (°F) 55 Bottom hole temp. (°F) _____
Describe access port TOP OF CASING - CAP

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	25	1.5	☐	☐	☒	☐

Water Quality test or comments: GOOD

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
10	0	12	CLAY		X
10	12	18	BLACK BASALT		X
6	18	88	BLACK BASALT		X
6	88	109	GREY CLAY		X
6	109	188	BLACK BASALT		X
6	188	212	CLAY		X
6	212	235	BASALT	X	

RECEIVED

OCT 20 2008

IDWR/North

Completed Depth (Measurable) 235

Date: Started 09/27/08 Completed 09/28/08

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 TWO U DRILLING, LLC Co. No. 125

*Principal Driller TU Date 09/28/08

*Driller BU Date 09/28/08

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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