

IDAHO DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

1. WELL TAG NO. D 0040520  
DRILLING PERMIT NO. 836499  
Water Right or Injection Well No. \_\_\_\_\_

2. OWNER:

Name David Abbott  
Address 1045 Presby Rd.  
City Viola Id. State Id Zip 83872

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. 5 East ☐ or West ☒  
Sec. 32 NE 1/4 NE 1/4 1/4  
Gov't Lot \_\_\_\_\_  
County Latah 160 acres  
Lat: : : Long: : :  
Address of Well Site Same City \_\_\_\_\_

(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>18</u> | <u>200 lbs</u>  | <u>Dry</u>            |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18  
Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter | From      | To        | Gauge      | Material     | Casing                              | Liner                    | Welded                   | Threaded                 |
|----------|-----------|-----------|------------|--------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <u>8</u> | <u>+1</u> | <u>18</u> | <u>250</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_  
Packer ☐ Y ☒ N Type \_\_\_\_\_

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method \_\_\_\_\_  
Screen Type & Method of Installation \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|                 |      |    |                 |                  |

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Dry ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

41N 5W 32

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ LAT ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| <u>Dry</u>      |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encounter \_\_\_\_\_

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Bore Dia. | From      | To         | Remarks: Lithology, Water Quality & Temperature | Y | N                                   |
|-----------|-----------|------------|-------------------------------------------------|---|-------------------------------------|
| <u>10</u> | <u>0</u>  | <u>7</u>   | <u>Overburden</u>                               |   | <input checked="" type="checkbox"/> |
| <u>10</u> | <u>7</u>  | <u>13</u>  | <u>Dec. Granit</u>                              |   | <input checked="" type="checkbox"/> |
| <u>10</u> | <u>13</u> | <u>18</u>  | <u>Granit firm</u>                              |   | <input checked="" type="checkbox"/> |
| <u>8</u>  | <u>18</u> | <u>404</u> | <u>Granit firm</u>                              |   | <input checked="" type="checkbox"/> |

RECEIVED  
NOV 08 2005  
IDWR/NO

Completed Depth 404 (Measurable)

Date: Started 10/3/05 Completed 10/10/05

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 Witt Well Drilling Firm No. 58

Principal Driller Roger Roger Witt Date 11/7/05

Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

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