

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061490

Drilling Permit No. 808900
Water right or injection well # _____

2. OWNER

Name NORBERT NICHENKE
Address 3125 HWY 95S
City MOSCOW State ID Zip 83843

3. WELL LOCATION:

Twp. 39 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 30 1/4 SW 1/4 SW 1/4 SW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County LATAH
Lat. 46N ° 41 192 (Deg. and Decimal minutes)
Long. 117W ° 01 278 (Deg. and Decimal minutes)
Address of Well Site SAME

City _____
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	+1	58	27	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	134	250	STEEL	☒	☐	☐	☒
6"	35	255	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 134'

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
160'	230'	1/8x12	120	6"	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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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) 158 Static water level (ft) 101'
Water temp. (°F) 53 Bottom hole temp. (°F) _____
Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	<u>3</u>	<u>1 HR</u>	☐	☐	☒	☐

Test method:

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	2	SOIL BLACK	
12	2	134	CLAY BROWN	
8	134	158	BASALT BLACK MEDIUM	
8	158	177	BASALT WEATHERED BROWN	X
8	177	203	CLAY BROWN	
8	203	224	CLAY RED	
8	224	255	GRANITE DECOMPOSED	

RECEIVED

NOV 20 2013

IDWR / NORTH

Completed Depth (Measurable) 255

Date: Started 6/19/13 Completed 6/26/13

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

MCPHERSON & WRIGHT

Company Name DRILLING Co. No. 0376
*Principal Driller Ted Wright Date 7/13/13
*Driller _____ Date _____
*Operator II Mary Wright Date 7/13/13
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.