

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 0035239
 DRILLING PERMIT NO. 821564
 Water Right or Injection Well No. _____

2. OWNER:
 Name U.D.C. Properties, LLC.
 Address P.O. Box 8477
 City MOSCOW State ID Zip 83843

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 40 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 31 NW 1/4 NW 1/4 1/4
 Gov't Lot _____ County Latah 160 acres
 Lat: : : Long: : :
 Address of Well Site 1297 O'Donnell Rd.
 City MOSCOW
 (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>133</u>	<u>300lbs</u>	<u>Dry</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 133
 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>133</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>6"</u>	<u>226</u>	<u>306</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>352</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>274</u>	<u>304</u>	<u>1/8"x8"</u>	<u>32</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

108 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>approx 100</u>		<u>326</u>	<u>1 Hr.</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 158
378

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>130</u>	<u>overburden</u>		☒
<u>10</u>	<u>130</u>	<u>133</u>	<u>basalt, firm</u>		☒
<u>8</u>	<u>133</u>	<u>247</u>	<u>basalt, firm</u>	☒	☒
<u>8</u>	<u>247</u>	<u>260</u>	<u>Grey shale</u>		☒
<u>8</u>	<u>260</u>	<u>264</u>	<u>basalt, firm</u>		☒
<u>8</u>	<u>264</u>	<u>285</u>	<u>clay</u>		☒
<u>8</u>	<u>285</u>	<u>295</u>	<u>basalt, firm</u>		☒
<u>8</u>	<u>295</u>	<u>305</u>	<u>Fract. basalt</u>		☒
<u>6</u>	<u>305</u>	<u>310</u>	<u>basalt, firm</u>		☒
<u>6</u>	<u>310</u>	<u>320</u>	<u>clay</u>		☒
<u>6</u>	<u>320</u>	<u>372</u>	<u>sand</u>		☒

RECEIVED

SEP - 12 2004

IDENTIFIED
RECEIVED

SEP - 14 2004

IDENTIFIED

Completed Depth 353 (Measurable)

Date: Started 7/29/04 Completed 8/9/04

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 Wittwell Drilling Firm No. 58

Principal Driller Roger Witt Date 8/11/04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

40 N 5W 31