

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D00 55449

Drilling Permit No. 855080

Water right or injection well # _____

2. OWNER

Name L. J. MURRAY

Address 1328 E FREEZE ROAD

City POTLATCH

State ID

Zip 83855

3. WELL LOCATION:

Twp. 42 North ☒ or South ☐ Rge. 03 East ☒ or West ☐

Sec. 27 1/4 SE 1/4 SW 1/4

Gov't Lot -- County LATAH

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site 1 MI SO OF DIXIE ON CROCKED CREEK

City DIXIE

(Give 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	38	#600	TOP POUR

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	38	.250	STEEL	☒	☐	☐	☒
4.5	20	600	160	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

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
560	600	1/8X4	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) 333 Static water level (ft) 148

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
	6	1 HR	☐	☐	☒	☐

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	6	TAN CLAY		X
10	6	36	SOFT PINK BASALT		X
10	36	38	SOFT GRAY BASALT		X
6	38	187	SOFT GRAY BASALT		X
6	187	333	MED HARD BASALT		X
6	333	412	SOFT GRAY BASALT	X	
6	412	556	MED HARD BASALT		X
6	556	600	SOFT GRAY BASALT	X	

RECEIVED

JAN 24 2009

IDWR / NORTH

Completed Depth (Measurable) 600

Date: Started 12/12/08 Completed 12/30/08

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 WU [Signature] Date 1/15/09

*Driller ND [Signature] Date 1/15/09

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

42N 03E 27