

# IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE CLARK FORK-PEND OREILLE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 97-79810Date Received: 10-12-2021Receipt No: N037639Claim Fee: 25.00 By: JK**RECEIVED****OCT 12 2021****NOTICE OF CLAIM TO A WATER RIGHT****ACQUIRED UNDER STATE LAW****For Domestic and/or Stockwater Purposes****Where Daily Use is less than 13,000 gallons per day****IDWR / NORTH**

Please type or print clearly

- Name of claimant(s) Sheryl Newman Phone (208) 946 0792  
Mailing address 158 Tanglewood Dr. Priest River ID Zip 83856  
Street or Box City State  
Email address (optional) \_\_\_\_\_
- Date of priority: (Only one per claim) 5-31-1979 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ( ) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) Lake Pend Oreille
- Location of point of diversion is: Township 58N, Range 4, Section 8,  
SE 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Bonner;  
Parcel no. RP 58N04W089001 A  
Additional points of diversion, if any: \_\_\_\_\_  
If available, GPS coordinates: \_\_\_\_\_
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.  
well
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For Domestic purposes from 1-1- to 12-31 amount .04 cfs ( ) or AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
- Total quantity claimed \_\_\_\_\_ cfs ( ) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
1 home

9. Location of place of use is: Township 58N, Range 4, Section 8,  
SE 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. RP58NW089001A  
If different than shown in Item 4  
for (check one) ☐ Domestic ☐ Stock ☐ Domestic and Stock ☐

Additional places of use, if any \_\_\_\_\_

10. In which county(ies) are lands listed above as place of use located? Bonner

11. Do you own the property listed above as place of use? Yes ☒ No ☐  
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.  
\_\_\_\_\_ or None ☐

13. Remarks (include an explanation of the priority date selected):  
\_\_\_\_\_  
\_\_\_\_\_

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐ Decree ☐  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_  
If applicable provide IDWR Water Right Number \_\_\_\_\_

15. **Signature(s)**  
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille River Basin Water System Adjudication."  
(b.) I/We do ☐ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.  
Number of attachments: \_\_\_\_\_

**For Individuals:** I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) Sheryl Newman Date: 10-6-21  
\_\_\_\_\_  
Date: \_\_\_\_\_

**For Organizations:** I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

\_\_\_\_\_ of \_\_\_\_\_,  
Agent's title (Please print) Name of organization (Please print)  
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_

16. **Notice of Appearance:**  
Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

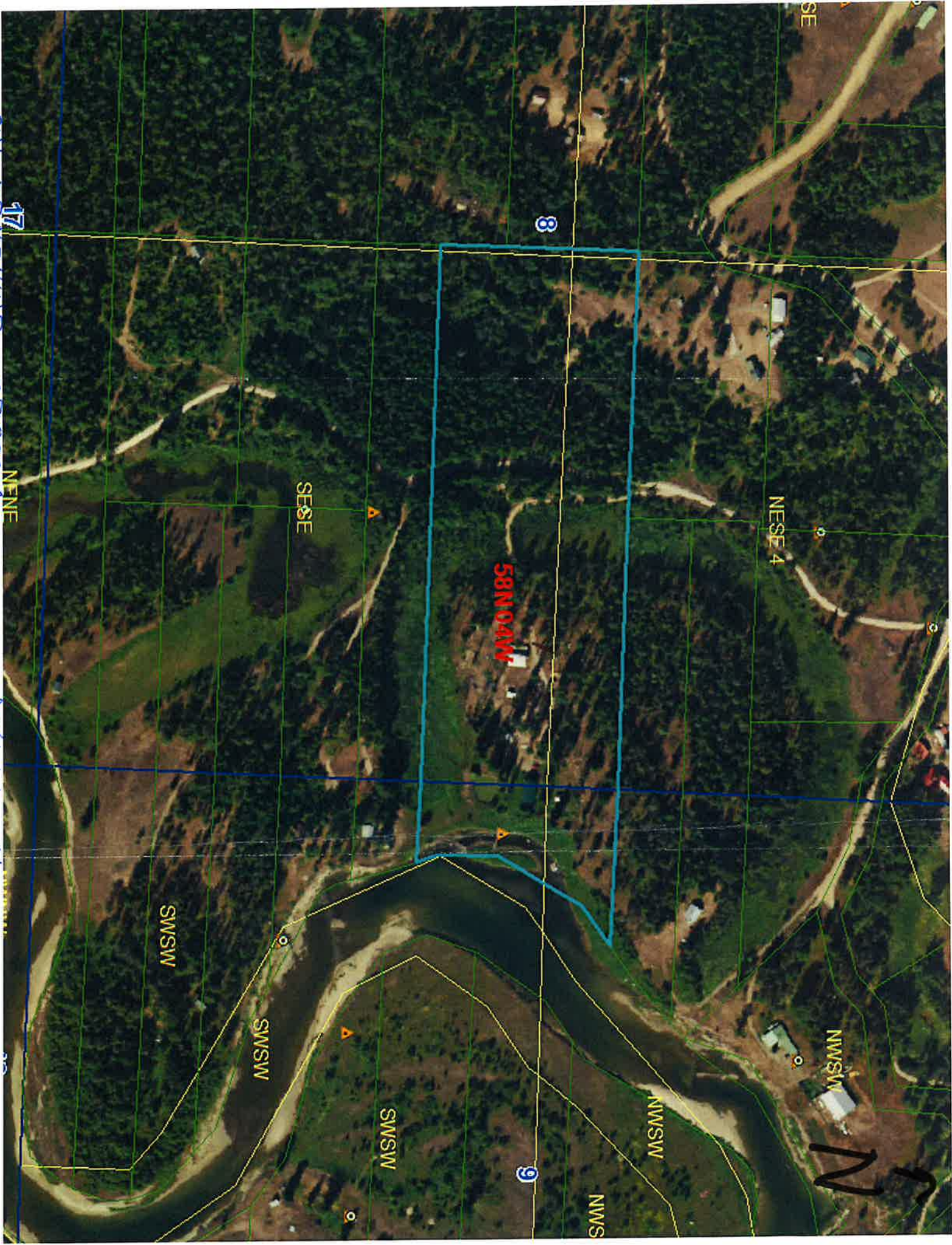
Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_

PIN: 58N04W Sec 08 9001A

WELL USAGE



## Intermountain Drilling

No 213

Route 1 - Box 312

Priest River, Idaho 83856

Well Location

Date

5-31 1979

Name

Mr. &amp; Mrs. Robert Newman

Address

P.O. Box 1224 Priest River Idaho

SURFACE SEAL

\$ 35.00 35.00

DEPTH OF WELL

80' 9"

@ \$ 12.00 Per Ft. 960.00

CASED FROM +1 TO 79 WITH 6"

@ \$ 4.50 Per Ft. 360.00

DRIVE SHOE INSTALLED

yes.

\$ 45.00 45.00

PLASTIC LINER

FROM

TO

@ \$ Per Ft.

GALLONS PER MINUTE, APPROX.

50

STATIC WATER LEVEL

2'

CASING PERFORATED FROM

TO

State Sales tax

13.20

TOTAL

\$1,413.20

DEPTH

FORMATION

|       |                       |
|-------|-----------------------|
| 0-2   | Brn Clay              |
| 2-15  | Clay & Gravel         |
| 15-60 | Brn Clay              |
| 60-70 | gravel sand           |
| 70-75 | Brn Clay              |
| 75-80 | sand & gravel (water) |

WATER USE:

STOCK ☐IRRIGATION ☐DOMESTIC ☒GARDEN/LAWN ☐MUNICIPAL ☐INDUSTRIAL ☐OTHER ☐

DESCRIBE

DEVELOPED BY

air

RECOMMEND PUMP SET @

REMARKS:

well will have screen installed  
By Phil Wood.

DRILLER

G. Sapp

HELPER

B. Duvall

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

| <b>1. WELL OWNER</b><br><br>Name <u>Robert Newman</u><br>Address <u>Box 1224 Priest River ID</u><br><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7. WATER LEVEL</b><br><br>Static water level <u>0'</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature _____ °F. Quality _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|--------------|--------------------|----------------------|-----------------|----------------|--------------|--------------|------------|------------|--------------|--------------|------------|------------|--------------|--------------|------------|--------------------|--|---|----|----|------------|--|---|----|----|------------|---|--|----|----|------------|--|---|--|----|----|----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>2. NATURE OF WORK</b><br><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>8. WELL TEST DATA</b><br><br><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Pumping Level</th> <th style="width: 33%;">Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>40</u></td> <td style="text-align: center;"><u>30' Draw Down</u></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Discharge G.P.M. | Pumping Level        | Hours Pumped | <u>40</u>          | <u>30' Draw Down</u> |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hours Pumped     |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>30' Draw Down</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3. PROPOSED USE</b><br><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9. LITHOLOGIC LOG</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">6"</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td>Brown Clay</td> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">15</td> <td>Clay embedded Rock</td> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">60</td> <td>Brown Clay</td> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">70</td> <td>Quick sand</td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">75</td> <td>Brown Clay</td> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td></td> <td style="text-align: center;">75</td> <td style="text-align: center;">80</td> <td>Coarse sand &amp; gravel</td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Hole Diam.       | Depth                |              | Material           | Water                |                 | From           | To           | Yes          | No         | 6"         | 0            | 2            | Brown Clay |            | ✓            | 2            | 15         | Clay embedded Rock |  | ✓ | 15 | 60 | Brown Clay |  | ✓ | 60 | 70 | Quick sand | ✓ |  | 70 | 75 | Brown Clay |  | ✓ |  | 75 | 80 | Coarse sand & gravel | ✓ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | Material             | Water        |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | To               |                      | Yes          | No                 |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                | Brown Clay           |              | ✓                  |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15               | Clay embedded Rock   |              | ✓                  |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60               | Brown Clay           |              | ✓                  |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 70               | Quick sand           | ✓            |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75               | Brown Clay           |              | ✓                  |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 80               | Coarse sand & gravel | ✓            |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. METHOD DRILLED</b><br><br><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                      |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. WELL CONSTRUCTION</b><br><br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br><table style="width: 100%;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6"</u> inches</td> <td>+ <u>1</u> feet</td> <td><u>73</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Diameter         | From                 | To           | <u>.250</u> inches | <u>6"</u> inches     | + <u>1</u> feet | <u>73</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet         |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | From             | To                   |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>6"</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | + <u>1</u> feet  | <u>73</u> feet       |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet       | _____ feet           |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet       | _____ feet           |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ feet       | _____ feet           |              |                    |                      |                 |                |              |              |            |            |              |              |            |            |              |              |            |                    |  |   |    |    |            |  |   |    |    |            |   |  |    |    |            |  |   |  |    |    |                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |