

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. 0064623
Drilling Permit No. 0103804-809913

Water right or injection well # _____

2. OWNER:
Name Kelly Riggs
Address 5420 W. Double Anchor Dr.
City Glenns Ferry State ID Zip 83623

3. WELL LOCATION:
Twp. 4 North ☐ or South ☒ Rge. 9 East ☒ or West ☐
Sec. 33 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County Elmore
Lat. 43 02.032 (Deg. and Decimal minutes)
Long. 115 23.556 (Deg. and Decimal minutes)
Address of Well Site 5420 W. Double Anchor Dr.
City Glenns Ferry

(Give at least name of road - Distance to Road or Landmark)
Lot _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
3/4 Bent.	0'	160'	81 bags	10" Borehole

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	417	250	Steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 417'

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type Certa-lok
Method of installation Set with sand line

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
370	670	20		4.6	PVC	SDR17

Length of Headpipe 0' Length of Tailpipe 0'

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
None				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 370' Static water level (ft) 364'
Water temp. (°F) 62 Bottom hole temp. (°F) _____
Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
306'	12-15 GPM	30 min.

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0'	12'	Broken Basalt		X
10"	12'	160'	Sandy Clay		X
6"	160'	170'	Sand		X
6"	170'	183'	Sandy Clay		X
6"	183'	194'	Sand		X
6"	194'	280'	Sandy Clay		X
6"	280'	293'	Brown Clay		X
6"	293'	402'	Sandy Clay - Some Water	X	
6"	402'	480'	Grey Clay	X	
6"	480'	540'	Tan Clay	X	
6"	540'	630'	Grey Clay		
6"	630'	640'	Tan Clay		
6"	640'	670'	Grey Clay		

Completed Depth (Measurable): 670'
Date Started: Sep 11, 2013 Date Completed: Oct 1, 2013

14. DRILLER'S CERTIFICATION:
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Adamson Pump & Drilling Co. No. 457
*Principal Driller [Signature] Date Oct 3, 2013
*Driller [Signature] Date Oct 3, 2013
*Operator II [Signature] Date Oct 3, 2013
Operator I _____ Date _____
*Signature of Principal Driller and rig operator are required.

Applicant's
Exhibit

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