

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☒ Air ☐ Flowing Artesian

1. DRILLING PERMIT NO. D-0-0-14651
Other IDWR No _____

2. OWNER:
Name RICHARD BAYT
Address 6995 W 2000 S
City WESTON State IDA Zip 83286

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location

N					
W		E			
S					

Twp 16 North ☐ or South ☒
Rge 38 East ☒ or West ☐
Sec 8 SE 1/4 NW 1/4 1/4
Gov't Lot _____ County _____
Lat: _____ Long: _____
Address of Well Site NO ADDRESS #
City _____

(Give at least name of road + Distance to Road or Landmark)

Lt _____ Blk _____ Sub Name _____

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

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

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

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>0.00</u>	<u>8</u>	<u>8</u>	<u>OVER BARE</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>41</u>	<u>100</u>	<u>250</u>	<u>5" steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>NONE</u>							

STATIC WATER LEVEL OR ARTESIAN PRESSURE:

ft below ground Artesian pressure _____ lb
flow encountered _____ ft. Describe access port or
ices: _____

11. WELL TESTS:
☐ Pump ☐ Bailor

Yield gal/min.	Drawdown	Pumping Level	Time
<u>50-150</u>			<u>1 hr</u>

Water Temp _____ Bottom hole temp _____

Water Quality test or comments: _____
Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>20</u>	<u>CLAY + SAND</u>		
	<u>20</u>	<u>80</u>	<u>FINE SAND + CLAY</u>		
	<u>80</u>	<u>90</u>	<u>1</u>		
	<u>90</u>	<u>100</u>	<u>COURSE GRAVEL</u>		

RECEIVED

JUN 07 2006

Completed Depth 100 (Measurable)
Date Started 8-11-01 Completed 8-15-01

13. DRILLER'S CERTIFICATION

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

Firm Name Lundstrom well Firm No 118
Firm Official Arnold Lundstrom Date 8-15-01
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

IDWR EX # 8

Form 228-7
1/97

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

054655

Office Use Only			
Inspected by			
Swp	Rge	Sec	
1/4	1/4	1/4	
Lat:	Long:		
☐ Air ☐ Flowing Artesian			

1. WELL TAG NO. D 11247
 DRILLING PERMIT NO. 13-99-E-0059
 Other IDWR No. _____

2. OWNER:
 Name Rod JONES
 Address 1870 N. 3400 W.
 City Meridian State ID Zip 83251

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

N		X		S	
W				E	
Twp. <u>16</u>		North ☐ or South ☒			
Rge. <u>38</u>		East ☒ or West ☐			
Sec. <u>8</u>		1/4 <u>NW</u> 1/4 <u>NE</u> 1/4			
Gov't Lot _____		County <u>FRANKLIN</u>			
Lat: _____		Long: _____			
Address of Well Site <u>2200 S 6400 W.</u>		City <u>WESTON</u>			
<u>3 Mo. W. of Weston</u> (Give at least name of road + distance to road or landmark)					

Lt. _____ Blk. _____ Sub. Name _____

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

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

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

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
BENTONITE CHIPS	0	19	500 lbs	over bore	

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	126	250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
 Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC (NO) LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
NO WATER			

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12 1/4	0	20	clay		X
7 3/8	20	26	SOUPY clay		
	26	27	Hard clay		
	27	121	SOUPY II		
	121	126	SOUPY II + Gravel		
CANT GET ANY WATER JUST SOUPY clay Pull casing + plug hole					

RECEIVED

SEP 14 1999

Department of Water Resources
Eastern Region

RECEIVED

SEP 20 1999

MICROFILMED

SEP 30 1999

Department of Water Resources

Completed Depth 126 "0" (Measurable)
 Date: Started 8-26-99 Completed 9-1-99

13. DRILLER'S CERTIFICATION

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

Company Name Nelson Firm No. 215

Firm Official Ray Nelson Date 9-11-99

and Driller or Operator Shy Seal Date 9-11-99

(Sign once if Firm Official & Operator)

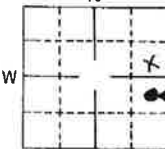
FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.

1. WELL OWNER Name <u>City of Weston (Test Hole #3)</u> Address <u>Weston, Idaho RT 1 Box 292A</u> Owner's Permit No. <u>Drilling - 13-88-Z-02-001</u> <u>Water - 13-7453</u>	7. WATER LEVEL Static water level <u>30</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>56</u> °F. Quality <u>Good</u> Describe artesian or temperature zones below.																																																																																																																												
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☒ Pump ☐ Bailor ☐ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td>250 GPM</td><td>95'</td><td>1 Hr. at that rate</td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	250 GPM	95'	1 Hr. at that rate																																																																																																																						
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3. PROPOSED USE ☐ Domestic ☐ Irrigation ☒ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 022870 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore 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>10"</td><td>0</td><td>2</td><td>Top Soil</td><td></td><td>X</td></tr><tr><td></td><td>2</td><td>11</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>11</td><td>29</td><td>Sand & Gravel</td><td>X</td><td></td></tr><tr><td></td><td>29</td><td>31</td><td>Blue Clay</td><td></td><td>X</td></tr><tr><td>6"</td><td>31</td><td>48</td><td>Blue Clay</td><td></td><td>X</td></tr><tr><td></td><td>48</td><td>68</td><td>Sand & Pea Gravel</td><td>X</td><td></td></tr><tr><td></td><td>68</td><td>101</td><td>Blue Clay</td><td></td><td>X</td></tr><tr><td></td><td>101</td><td>112</td><td>Brown Sand & Pea Gravel</td><td>X</td><td></td></tr><tr><td></td><td>112</td><td>121</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>121</td><td>123</td><td>Brown Sand</td><td>X</td><td></td></tr><tr><td></td><td>123</td><td>127</td><td>Blue Clay</td><td></td><td>X</td></tr><tr><td></td><td>127</td><td>129</td><td>Brown Sand</td><td>X</td><td></td></tr><tr><td></td><td>129</td><td>131</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>131</td><td>140</td><td>Brown Sand</td><td>X</td><td></td></tr><tr><td></td><td>140</td><td>150</td><td>Brown Sand & Pea Gravel</td><td>X</td><td></td></tr><tr><td></td><td>150</td><td>154</td><td>Brown Sand</td><td>X</td><td></td></tr><tr><td></td><td>154</td><td>161</td><td>Coarse Gravel</td><td>X</td><td></td></tr><tr><td></td><td>161</td><td>162</td><td>Blue Clay</td><td></td><td>X</td></tr><tr><td></td><td>162</td><td>180</td><td>Blue Shale</td><td></td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	2	Top Soil		X		2	11	Brown Clay		X		11	29	Sand & Gravel	X			29	31	Blue Clay		X	6"	31	48	Blue Clay		X		48	68	Sand & Pea Gravel	X			68	101	Blue Clay		X		101	112	Brown Sand & Pea Gravel	X			112	121	Brown Clay		X		121	123	Brown Sand	X			123	127	Blue Clay		X		127	129	Brown Sand	X			129	131	Brown Clay		X		131	140	Brown Sand	X			140	150	Brown Sand & Pea Gravel	X			150	154	Brown Sand	X			154	161	Coarse Gravel	X			161	162	Blue Clay		X		162	180	Blue Shale		X
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>7/20/88</u> finished <u>7/21/88</u>																																																																																																																												
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><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>18"</u> feet</td><td><u>162'</u> feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☒ Knife ☐ Torch Size of perforation <u>1/4</u> inches by <u>2</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>80</u> perforations</td><td><u>104</u> feet</td><td><u>109</u> feet</td></tr><tr><td><u>160</u> perforations</td><td><u>140</u> feet</td><td><u>150</u> feet</td></tr><tr><td><u>112</u> perforations</td><td><u>154</u> feet</td><td><u>161</u> feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>31'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☐ Overbore to seal depth ☐ Solvent Weld Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>Well Cap</u>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6"</u> inches	<u>18"</u> feet	<u>162'</u> feet	Number	From	To	<u>80</u> perforations	<u>104</u> feet	<u>109</u> feet	<u>160</u> perforations	<u>140</u> feet	<u>150</u> feet	<u>112</u> perforations	<u>154</u> feet	<u>161</u> feet																																																																																																									
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Franklin</u> SE ¼ NE ¼ Sec. <u>8</u>, T. <u>16</u> N/S, R. <u>38</u> E/W.	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Jack Cushman Drilling</u> Firm No. <u>#94</u> Address <u>1405 South Broadway</u> <u>Blackfoot, Idaho</u> Date <u>8/8/88</u> Signed by (Firm Official) <u>Bob Cushman</u> and (Operator) <u>Randy Hufx</u>																																																																																																																												

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.

1. WELL OWNER Name <u>City of Weston (Test hole #2)</u> Address <u>Weston, Idaho</u> Owner's Permit No. <u>Drilling-13-88-Z-02-002</u> <u>Water - 13-7453</u>	7. WATER LEVEL Static water level _____ feet below land surface. Flowing? ☒ Yes ☐ No G.P.M. flow <u>20</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☒ Valve ☐ Cap ☐ Plug Temperature <u>54</u> °F. Quality <u>Good</u> <i>Describe artesian or temperature zones below.</i>																																																																																																																																				
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	110	128	Blue Clay		X																																																																																																																																
	128	130	Brown Sand	X																																																																																																																																	
	130	138	Blue Clay		X																																																																																																																																
	138	141	Brown Sand	X																																																																																																																																	
	141	143	Blue Clay		X																																																																																																																																
	143	149	Sand & Pea Gravel	X																																																																																																																																	
	149	161	Brown Sand	X																																																																																																																																	
	161	167	Coarse Gravel	X																																																																																																																																	
	167	169	Blue Clay		X																																																																																																																																
	169	171	Blue Shale		X																																																																																																																																
	171	200	Blue Clay		X																																																																																																																																
4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>7/11/88</u> finished <u>7/15/88</u>																																																																																																																																				
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>250 inches</td><td>6" inches</td><td>18" inches</td><td>169' feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☒ Knife ☐ Torch Size of perforation <u>1/4</u> inches by <u>2</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>90 perforations</td><td>163 feet</td><td>167 feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>22'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>Well Cap</u>	Thickness	Diameter	From	To	250 inches	6" inches	18" inches	169' feet	Number	From	To	90 perforations	163 feet	167 feet	11. DRILLERS CERTIFICATION <i>JD</i> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Jack Cushman Drilling</u> Firm No. <u>#94</u> Address <u>1405 South Broadway</u> <u>Blackfoot, Idaho</u> Date <u>8/8/88</u> Signed by (Firm Official) <u>Jack Cushman</u> and (Operator) <u>Randy Hight</u>																																																																																																																						
Thickness	Diameter	From	To																																																																																																																																		
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Number	From	To																																																																																																																																			
90 perforations	163 feet	167 feet																																																																																																																																			
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Franklin</u> <u>SE</u> 1/4 <u>NE</u> 1/4 Sec. <u>8</u> T. <u>16</u> N/S, R. <u>38</u> E/W	10. Work started <u>7/11/88</u> finished <u>7/15/88</u>																																																																																																																																				

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 SW 1/4		SE 1/4	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0032122
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Red Jones
Address 2656 N. 2200S
City Heaton State UT Zip 84038

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 16 North ☐ or South ☒
Rge. 38 East ☒ or West ☐
Sec. 5 1/4 SE 1/4 SE 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark) City Heaton

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	8 bags	overburden

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 3-20

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	120	25	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
302	320	1/4" x 1/2"	15	6"	steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

STATIC WATER LEVEL OR ARTESIAN PRESSURE:

37 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1			

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: _____

Depth first Water Encounter 100

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
6"	0	20	Brown clay	X
6"	20	35	Brown clay	X
6"	35	50	Dark Brown clay	X
6"	50	100	Blue grey clay	X
6"	100	120	Blue grey shale	X
6"	120	300	Grey shale	X
6"	300	320	Grey shale	X

RECEIVED

MAR 08 2004

Department of Water Resources
Eastern Region

SCANNED

AUG 19 2004

Completed Depth 320 (Measurable)

Date: Started 2-26-04 Completed 2-27-04

14. DRILLER'S CERTIFICATION

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

Company Name Mtn West Well Drilling Firm No. 543

Principal Driller Michael Franchon Date 3-6-04

and Driller or Operator II Miles Franchon Date 3-3-04

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

13

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:		Long:	

WELL TAG NO. D 45784

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER:

Name MA. CLEVE ESPIN
Address 147 N. 100 E.
City PRESTON State ID Zip 83263

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 14 North ☐ or South ☒
Rge. 38 East ☒ or West ☐
Sec. 5 1/4 SE 1/4 SE 1/4
Gov't Lot _____
County FRANKLIN
Lat: _____ Long: _____
Address of Well Site 6656 W. 2200 S.
City WESTON, ID.
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite Chips	0	19	450 lbs	overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1.5	73.5	2.50	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

1. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
CAN'T DETERMINE W/air; may be able to get 1 GPM w/a pump.			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12 1/4	0	2	over burden		X
"	2	58	clay		
7 7/8	58	76	SOOPY clay		
"	76	77	Gravel + clay 1 GPM ?		
"	77	93	Hard QTZ.		X
"	93	391	Gray shale		
"	391	406	SAND STONE		
"	406	455	Gray shale		
"	455	464	Rock seam		
"	464	500	Gray shale		
"	500	540	" "		

RECEIVED

JUL 10 2007

Department of Water Resources
Eastern RegionCompleted Depth 540 (Measurable)Date: Started 6-27-04 Completed 7-4-07

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 NELSON DRILLING INC. Firm No. 215Principal Driller Ray Nelson Date 7-8-07and Driller or Operator II Lloyd Cook Date 7-8-07

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T16S R38E Sec. 5 SESESW

By: mciscell 2013-09-25

1. WELL TAG NO. D D00 21712
DRILLING PERMIT NO _____
Other IDWR No _____

2. OWNER:
Name Dusty Roholt
Address 6852 W2200 SD
City Weston TWA State _____ Zip _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp 16 North ☐ or South ☒
Rge 38 East ☐ or West ☐
Sec 5 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County FRANKLIN
Lat: _____ Long: _____
Address of Well Site SAME City _____
(Give at least name of road, distance to road or landmark)

LT _____ Blk _____ Sub _____ Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc)

☐ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT	METHOD
Material	From To Sacks or Pounds	
<u>Bentonite</u>	<u>0.20</u> <u>7</u>	<u>OVER CEMENT</u>

Was drive shoe used? ☒ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linor	Welded	Threaded
<u>6</u>	<u>0</u>	<u>140</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Linor
<u>NO AIR</u>							

STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15-20</u>		<u>140</u>	<u>1 hr.</u>

Water Temp _____ Bottom hole temp _____
Water Quality test or comments: _____

Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>20</u>	<u>BROWN CLAY</u>		
<u>6</u>	<u>20</u>	<u>80</u>	<u>" " "</u>		
<u>6</u>	<u>80</u>	<u>120</u>	<u>" " "</u>		
<u>6</u>	<u>120</u>	<u>140</u>	<u>CHZ SAND</u>		
<u>140</u>	<u>140</u>	<u>160</u>	<u>FIN SAND</u>		
<u>NO FUNDS TO DRILL FURTHER</u>					

RECEIVED

JUN 07 2006

Completed _____ Depth 140 (Measurable)
Date: Started 10-11-01 Completed 10-19-01

13. DRILLER'S CERTIFICATION

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

Company Name Lundstrom Well Firm No 118

Firm Official David Lundstrom Date 10-19-01

and
Driller or Operator _____ Date _____
(Sign once if Firm Official & Operator)

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0068773

Drilling Permit No _____
Water right or injection well # _____

2. OWNER:

Name Julie Campbell
Address 1241 South Hidden View Drive
City Providence State UT Zip 84332

3. WELL LOCATION:

Twp. 16 North ☐ or South ☒ Rge. 38 East ☒ or West ☐
Sec 5 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Franklin
Lat. 42 3.797 (Deg and Decimal minutes)
Long. 112 3.059 (Deg and Decimal minutes)

Address of Well Site 1150 South 7200 West
City Weston

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
Bentonite	0'	-40'	1150 lbs	Poured
Cement	-100'	-117'	1/2 yrd	Pumped

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2'	-123'	.250	Steel	☒	☐	☒
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -123'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Knife

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-118'	-123'	1/4x6	3'	6"	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

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) 26 Static water level (ft) 26

Water temp (°F) _____ Bottom hole temp (°F) _____

Describe access port Well Cap

Well test:

Drawdown (foot)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
30+	60		☐	☐	☒	☐
			☐	☐	☐	☐

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
	0	17	Top soil and brown clay		X
	17	24	Brown clay and gravel		X
	24	31	Gray clay		X
	31	57	Brown sand and clay	X	
	57	61	Brown sand and gravel	X	
	61	117	Gray sandy clay	X	
	117	123	Gravel and broken shale	X	
	10	0	40		
	8	40	100		
	10	100	117		
	6	117	123		

RECEIVED
JUN 17 2016

Department of Water Resources
Eastern Region

Completed Depth (Measurable) 125'

Date Started May 26, 2016

Date Completed May 27, 2016

14. DRILLER'S CERTIFICATION:

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

Company Name Independent Drilling/KC Co No 343

*Principal Driller [Signature] Date May 31, 2016

*Driller [Signature] Date _____

*Operator II [Signature] Date May 31, 2016

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required