



**IDAHO** Department of  
Water Resources



## Well Construction Search

9S 42E SECTION 6

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Well Information Summary...12 well(s)

| Doc                        | Contact                                     | D-Tag    | Const. Date | Total Depth | Address                                                              | Drilling Co.                               | Twp | Rng | Sec | Tract | Sub | Lot | Blk | Use        | Csg. Dia. | Static GPM | Water Level |
|----------------------------|---------------------------------------------|----------|-------------|-------------|----------------------------------------------------------------------|--------------------------------------------|-----|-----|-----|-------|-----|-----|-----|------------|-----------|------------|-------------|
| <a href="#">Well Log</a>   | FAN CORP<br>(Owner/Operator)                |          | 5/18/1966   | 85          |                                                                      | IVAN BORTZ<br>DRILLING<br>CONTRACTOR       | 09S | 42E | 6   | NENE  |     |     |     |            |           |            | 61          |
| 1 <a href="#">Well Log</a> | MONSANTO<br>CHEMICAL CO<br>(Owner/Operator) |          | 10/22/1992  | 76          |                                                                      | ANDREW<br>WELL<br>DRILLING<br>SERVICES INC | 09S | 42E | 6   | NWNE  |     |     |     |            | 8         | 0          | 29          |
| 2 <a href="#">Well Log</a> | MONSANTO<br>CHEMICAL CO<br>(Owner/Operator) |          | 12/14/1992  | 69          |                                                                      | ANDREW<br>WELL<br>DRILLING<br>SERVICES INC | 09S | 42E | 6   | NENE  |     |     |     |            | 8         | 0          | 30          |
| 3 <a href="#">Well Log</a> | MONSANTO<br>CHEMICAL CO<br>(Owner/Operator) |          | 12/14/1992  | 106         |                                                                      | ANDREW<br>WELL<br>DRILLING<br>SERVICES INC | 09S | 42E | 6   | NENE  |     |     |     |            | 8         | 0          | 60          |
| 4 <a href="#">Well Log</a> | MONSANTO<br>CHEMICAL CO<br>(Owner/Operator) |          | 12/14/1992  | 62          |                                                                      | ANDREW<br>WELL<br>DRILLING<br>SERVICES INC | 09S | 42E | 6   | SENE  |     |     |     |            | 8         | 0          | 21          |
| 5 <a href="#">Well Log</a> | MONSANTO CO<br>(Owner/Operator)             | D0059603 | 6/21/2011   | 50          | EAST OF<br>NORTH 3RD<br>ST NORTH OF<br>CEDAR VIEW<br>#3 TW-65        | INDEPENDENT<br>DRILLING                    | 09S | 42E | 6   | SWSE  |     |     |     | Monitoring | 8         |            | 14          |
| 6 <a href="#">Well Log</a> | MONSANTO CO<br>(Owner/Operator)             | D0059604 | 6/21/2011   | 60          | KEYSTONE<br>COURT                                                    | INDEPENDENT<br>DRILLING                    | 09S | 42E | 6   | SWSW  |     |     |     | Monitoring | 8         |            | 17          |
| 7 <a href="#">Well Log</a> | MONSANTO CO<br>(Owner/Operator)             | D0059608 | 6/28/2011   | 90          | WEST OF<br>NORTH<br>HOOPES &<br>SOUTH OF<br>HOOPER<br>RD/#8 TW-70    | INDEPENDENT<br>DRILLING                    | 09S | 42E | 6   | SWNE  |     |     |     | Monitoring | 8         |            | 29          |
| 8 <a href="#">Well Log</a> | MONSANTO CO<br>(Owner/Operator)             | D0059601 | 6/30/2011   | 38          | WEST OF<br>GOVERNMENT<br>DAM<br>RD/SOUTH OF<br>HOOPER<br>RD/#1 TW 63 | INDEPENDENT<br>DRILLING                    | 09S | 42E | 6   | SENE  |     |     |     | Monitoring | 8         |            | 0           |
| 9 <a href="#">Well Log</a> | MONSANTO CO<br>(Owner/Operator)             | D0059602 | 7/1/2011    | 39          | WEST OF<br>GOVERNMENT<br>DAM<br>RD/SOUTH OF<br>HOOPER RD<br>#2 TW-64 | INDEPENDENT<br>DRILLING                    | 09S | 42E | 6   | NESW  |     |     |     | Monitoring | 8         |            | 13          |
| <a href="#">Well Log</a>   | REF CHEM<br>ENGINEERING &<br>CONSTRUCTION   |          | 6/23/1967   | 105         |                                                                      | IVAN BORTZ<br>DRILLING<br>CONTRACTOR       | 09S | 42E | 6   | NE    |     |     |     |            |           |            | 68          |

CO  
(Owner/Operator)

Well Log

LARRY LEWIS  
(Owner/Operator)

8/15/1974 105

NELSON  
DRILLING

09S 42E 6 SENE

35 27

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.

| <p><b>1. WELL OWNER</b></p> Name <u>Golder for Monsanto</u><br>P.O. Box <u>816</u><br>Address <u>Soda Springs, ID</u><br>Drilling Permit No. <u>11-92-E-020-002</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>7. WATER LEVEL</b></p> Static water level <u>29</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 _____<br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
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| <p><b>2. NATURE OF WORK</b></p> <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification<br><input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>8. WELL TEST DATA</b></p> <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <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 |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hours Pumped     |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
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| <p><b>3. PROPOSED USE</b></p> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitor<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>9. LITHOLOGIC LOG</b></p> <div style="text-align: right; font-weight: bold; margin-bottom: 5px;"><u>70395</u></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>0</td> <td>8</td> <td>Clay and Sand</td> <td> </td> <td>x</td> </tr> <tr> <td> </td> <td>8</td> <td>17</td> <td>Basalt broken and clay</td> <td> </td> <td>x</td> </tr> <tr> <td>8</td> <td>17</td> <td>21</td> <td>Sand, some clay</td> <td> </td> <td>x</td> </tr> <tr> <td> </td> <td>21</td> <td>25</td> <td>Cinders</td> <td>x</td> <td> </td> </tr> <tr> <td> </td> <td>25</td> <td>76</td> <td>Basalt broken gray</td> <td>x</td> <td> </td> </tr> <!-- Empty rows omitted for brevity --> </tbody> </table> | Bore Diam.       | Depth From             | To           | Material | Water Yes | No | 10 | 0 | 8 | Clay and Sand |  | x |  | 8 | 17 | Basalt broken and clay |  | x | 8 | 17 | 21 | Sand, some clay |  | x |  | 21 | 25 | Cinders | x |  |  | 25 | 76 | Basalt broken gray | x |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Depth From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To               | Material               | Water Yes    | No       |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8                | Clay and Sand          |              | x        |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17               | Basalt broken and clay |              | x        |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21               | Sand, some clay        |              | x        |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25               | Cinders                | x            |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 76               | Basalt broken gray     | x            |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| <p><b>4. METHOD DRILLED</b></p> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____<br><small>(backhoe, hydraulic, etc.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <br><b>JUN 3 1993</b><br>Department of Water Resources:<br>Eastern District Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| <p><b>5. WELL CONSTRUCTION</b></p> Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC</u><br>Thickness <u>.250</u> inches Diameter <u>8</u> inches From <u>3</u> feet To <u>23</u> feet<br>Sch <u>40</u> inches <u>4</u> inches <u>+2</u> feet <u>40</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation? _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacture <u>Brinard Killman</u> Type <u>PVC</u><br>Top Packer or Headpipe _____<br>Bottom of Tailpipe _____<br>Diameter <u>4</u> Slot size <u>.020</u> Set from <u>40</u> feet to <u>50</u> feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>37</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit<br><input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded<br><input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata<br>Describe access port <u>Locking Well Cap</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| <p><b>6. LOCATION OF WELL</b></p> Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Caribou</u><br>NW ¼ NE ¼ Sec. <u>6</u> , T. <u>9S</u> S <input type="checkbox"/> R. <u>42E</u> W <input type="checkbox"/><br>N <input type="checkbox"/> E <input type="checkbox"/><br>S <input type="checkbox"/> R. <u>42E</u> W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>10.</b></p> Work started <u>10/22/92</u> finished <u>10/22/92</u> 12/14/92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |
| <p><b>11. DRILLER'S CERTIFICATION</b></p> I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Andrew Well Drilling Services Firm No. <u>5</u><br>268 East 17th Street, Idaho Falls Address Date <u>5/5/93</u><br>Signed by Drilling Supervisor <u>[Signature]</u><br>and<br>(Operator) <u>[Signature]</u><br><small>(If different than the Drilling Supervisor)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                        |              |          |           |    |    |   |   |               |  |   |  |   |    |                        |  |   |   |    |    |                 |  |   |  |    |    |         |   |  |  |    |    |                    |   |  |

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT







## 11 B

\* Signature of Principal Driller and rig operator are required.

