

**Cedar Ridge Dairy LLC**

Transfers #1, #2, #3 Protestants

**Well Information**

| Map Number | Protestant                                        | Representative                 | Well Log Number | Well Drill Date | Well Depth |          | SWL     |          | Well Yield (gpm) | Pump Setting |
|------------|---------------------------------------------------|--------------------------------|-----------------|-----------------|------------|----------|---------|----------|------------------|--------------|
|            |                                                   |                                |                 |                 | Drilled    | Reported | Drilled | Reported |                  |              |
| 1          | Elizabeth B. Slifer                               | Self                           | No Well Log     |                 |            |          | 82      | 68       |                  | 82           |
| 2          | Margaret Winsryg                                  | David Coleman (Attorney)       | 56              | 1/20/2000       | 460        |          | 256     | 257      | 40+              | 300          |
| 3          | Martin F Hackard                                  | self                           | 37              | 7/27/2002       | 500        |          | 290     | 290      |                  | 471          |
|            |                                                   |                                | 108             | 9/7/1996        | 430        |          | 260     |          |                  |              |
| 4          | Scott R Houtz                                     | Self                           | 12              | 5/22/1997       | 440        |          | 274     |          |                  |              |
| 5          | Eric Parrott (Parrott's Organic Farm & livestock) | Self                           | No Well Log     |                 |            |          |         |          |                  |              |
|            |                                                   | Well 1 (red house)             |                 | 1972            |            | 750      |         |          |                  |              |
|            |                                                   |                                |                 |                 |            |          |         | 280      |                  | 420          |
|            |                                                   | Well 2 (Cristobal)             |                 | 1978            |            | 620      |         | 300      |                  | 580          |
| 6          | Pam Ritter                                        | Self                           | 66              | 3/24/1972       | 300        | 415      | 145     | 240      |                  |              |
| 7          | Louis m Rice                                      | Victoria B Henson's (Daughter) | 59              | 5/12/1981       | 400        |          | 225     |          |                  |              |
| 8          | Victoria B Henson                                 | Self                           |                 |                 |            |          |         |          |                  |              |
| 9          | Jeanie McCreary                                   | Self                           | 29              | 6/28/1995       | 390        |          | 310     | 270      | 25               |              |
| 10         | William D Hamby                                   | Self                           | No Well Log     |                 | 440        | 260      | 280     |          |                  | 365          |
| 11         | Lynn & Barbara Stephens                           | Self                           | No Well Log     |                 | 400        |          |         |          |                  |              |
| 12         | Leslie Ellsworth                                  | Self                           | -               | 9/28/1984       | 245        |          | 115     | 95       |                  |              |
| 13         | Ed Smith                                          | Self                           | -               | 4/3/1997        | 245        |          | 147     | 147      |                  | 231          |
| 14         | Mike Humphries                                    | Self                           | No Well Log     |                 |            |          |         |          |                  |              |
| 15         | Jimmie LeConder                                   | Self                           | -               | 7/10/1973       | 245        |          | 215     | 220      | 5                | 246          |
| 16         | Delea C Miller                                    | Self                           | 17              | 8/11/1998       | 450        |          | 246     |          |                  |              |

The 257 was provided

 Provided by Mr. Parrott for 2 wells  
 Floyd Lilly Jan. 2014  
 Fall 2014

280 ft was a recent measurement

Information highlighted with yellow was provided by the Protestant

Permit 743186

AP 740543

Basin 47

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT  
RECEIVED

| Office Use Only |     |      |     |
|-----------------|-----|------|-----|
| Inspected by    | Twp | Rge  | Sec |
|                 | 1/4 | 1/4  | 1/4 |
| Lat             | :   | Long | :   |

1. WELL TAG NO. D 0008627

DRILLING PERMIT NO.

MAR 10 2000

Other IDWR No.

2. OWNER:

Name Eric Cjar

Address P.O. Box 251

City Elgin

Department of Water Resources  
Sawtooth Branch

State ID Zip 83328

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|  |           |                                                                             |
|--|-----------|-----------------------------------------------------------------------------|
|  | Twp. 11   | North <input type="checkbox"/> or South <input checked="" type="checkbox"/> |
|  | Rgd. 16   | East <input checked="" type="checkbox"/> or West <input type="checkbox"/>   |
|  | Sec. 17   | NW 1/4 NW 1/4                                                               |
|  | Gov't Lot | County Twin Falls                                                           |

Address of Well Site 2000 E. 3300 N. then 2

miles south

City Twin Falls

LL. 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:

| Material  | From | To | Amount<br>Sacks or<br>Pounds | METHOD   |
|-----------|------|----|------------------------------|----------|
| bentonite | 0    | 19 | 200 lbs.                     | dry-pour |

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                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 6"       | +1   | 19 | 25    | steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe 1' Length of Tailpipe

9. PERFORATIONS/SCREENS:

☐ Perforations ☐ Method  
☐ Screens ☐ Screen Type

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

256 ft. below ground Artesian pressure

Depth flow encountered ft. Describe access port or control

devices: well cap

11. WELL TESTS:

| Yield-gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
| 40+            |          |               |      |

Water Temp: 85

Bottom-hole temp:

Water Quality test or comments:

Depth-first Water Encounter

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Stake<br>Dia. | From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|---------------|------|-----|-------------------------------------------------|---|---|
| 8             | 0    | 5   | top soil                                        |   |   |
| 8/6           | 5    | 45  | black lava                                      |   |   |
| 6             | 45   | 48  | red & black cinders                             |   |   |
| 6             | 48   | 79  | black lava                                      |   |   |
| 6             | 79   | 81  | broken lava                                     |   |   |
| 6             | 81   | 116 | black lava                                      |   |   |
| 6             | 116  | 118 | broken lava                                     |   |   |
| 6             | 118  | 136 | hard black lava                                 |   |   |
| 6             | 136  | 141 | hard & breaks                                   |   |   |
| 6             | 141  | 171 | hard black lava                                 |   |   |
| 6             | 171  | 184 | medium hard, breaks & ash                       |   |   |
| 6             | 184  | 217 | black lava                                      |   |   |
| 6             | 217  |     | medium hard, red & black                        |   |   |
| 6             |      |     | 226 cinders                                     |   |   |
| 6             | 226  | 248 | black lava                                      |   |   |
| 6             | 248  | 254 | medium hard red lava                            |   |   |
| 6             | 254  | 268 | black lava                                      |   |   |
| 6             | 268  | 274 | medium hard lava & talc                         |   |   |
| 6             | 274  |     | medium hard lava & brown                        |   |   |
| 6             |      |     | 284 clay                                        |   |   |
| 6             | 284  | 296 | black lava                                      |   |   |
| 6             | 296  | 301 | soft broken lava & talc                         | X |   |
| 6             | 301  | 308 | black lava                                      |   |   |
| 6             | 308  | 312 | red/black cinders & talc                        | X |   |
| 6             | 312  | 337 | black lava                                      |   |   |
| 6             | 337  | 341 | broken black lava                               |   |   |
| 6             | 341  | 359 | black lava                                      |   |   |
| 6             | 359  | 360 | broken red & black lava                         |   |   |
| 6             | 360  | 371 | black lava                                      |   |   |
| 6             | 371  | 376 | medium hard & brown clay                        |   |   |
| 6             | 376  | 437 | black lava                                      |   |   |
| 6             | 437  | 439 | broken & talc                                   | X |   |
| 6             | 439  | 442 | medium hard lava                                |   |   |
| 6             | 442  | 451 | hard black lava & breaks                        | X |   |
| 6             | 451  | 460 | hard black lava                                 |   |   |

Completed Depth 460' (Measurable)

Date: Started 1/20/2000 Completed 1/21/2000

13. DRILLER'S CERTIFICATION:

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

Company Name: Eaton Drilling &amp; Pump Service Inc. Firm No. 26

Firm Official: [Signature] Date 1/24/2000

and

Driller or Operator: [Signature] Date 1/23/2000

(Sign once if Firm Official &amp; Driller)

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only  
Inspected by \_\_\_\_\_  
Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Lat: : : Long: : :

1. WELL TAG NO. D 0023180

BILLING PERMIT NO.

Other IDWR No. 47-96-S-0144-000

2. OWNER:

2. OWNER.  
Name Martin Hackard

Address 3289 North 2300 East

City Twin Falls State ID Zip 83301

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

|  |  |  |   |
|--|--|--|---|
|  |  |  | X |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

W

Twp. 11 North ☐ or South ☒  
Rge. 16 East ☐ or West ☐  
Sec. 17 1/4 NE 1/4 NE 1/4  
Gov't Lot \_\_\_\_\_  
Lat. \_\_\_\_\_ Long. \_\_\_\_\_

NE 1/4 NE 1/4  
County Winn Fairfax

Address of Well Site 3289 North 2300 East City Twin Falls

| LI. | Bk. | 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 \_\_\_\_\_

## SEALING PROCEDURES

| SEAL/FILTER PACK       |      | AMOUNT |                 | METHOD |
|------------------------|------|--------|-----------------|--------|
| Material               | From | To     | Sacks or Pounds |        |
| Bentonite              | 5    | 20     | 3 S             | Poured |
| Overbore to seal depth |      |        |                 |        |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 278 ft.

Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Uner                     | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6"       | +2   | 278 | .250  | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

| Perforations | Method |
|--------------|--------|
|--------------|--------|

| Screens | Screen Type |
|---------|-------------|
|---------|-------------|

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

290 ft. below ground      Artesian pressure      lb.

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

11. WELL TESTS:

☐ Pump    ☐ Bailer    ☐ Air    ☐ Flowing Artesian

| Yield gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
|                |          |               |      |
|                |          |               |      |
|                |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments:

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

[illegible]

### 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 Elsing Drilling Firm No. 31

Firm Official *James J. Elmer* Date 7-29-02

Driller or Operator: Craig Egan Date: 7-29-02

(S) on once if Firm Critical & Operator

FORWARD WHITE COPY TO WATER RESOURCES

Form 238-7  
95

## IDAHO DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

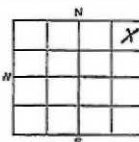
|                              |            |                                           |  |
|------------------------------|------------|-------------------------------------------|--|
| Office Use Only              |            |                                           |  |
| Inspected by _____           |            |                                           |  |
| Twp. _____                   | Rge. _____ | Sec. _____                                |  |
| 1/4 _____                    | 1/4 _____  | 1/4 _____                                 |  |
| Lat: _____                   |            | Long: _____                               |  |
| <input type="checkbox"/> Air |            | <input type="checkbox"/> Flowing Artesian |  |

1. DRILLING PERMIT NO. 47-96-S-0144-000  
Other IDWR No. \_\_\_\_\_

## 2. OWNER:

Name Dennis Henson  
Address 3295 North 2300 East  
City Twin Falls State ID Zip 83301

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 11 North ☐ or South ☒  
Rge. 16 East ☒ or West ☐  
Sec. 17 1/4 NE 1/4 NE 1/4  
Gov't Lot \_\_\_\_\_ County Twin Falls  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_

Address of Well Site  
3289 North 2300 East City Twin Falls  
(Give at least name of road - Distance to Road or Landmark)

Li. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

## 4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

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          |      |    |                              | METHOD |
|---------------------------|------|----|------------------------------|--------|
| Material                  | From | To | Amount<br>Sacks or<br>Pounds |        |
| Bentonite                 | 0    | 18 | 4 S                          | Poured |
| Overbore to<br>seal depth |      |    |                              |        |

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                              | User                     | Welded                   | Threaded                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 6"       | +2   | 18 | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_  
☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | User                     |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

260 ft. below ground Artesian pressure \_\_\_\_\_ lb.

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

## 11. WELL TESTS:

☐ Pump ☐ Bailor

| Yield gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
|                |          |               |      |
|                |          |               |      |
|                |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encountered \_\_\_\_\_

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

| Row | From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----|------|-----|-------------------------------------------------|---|---|
| 8"  | 0    | 15  | Topsoil                                         |   | x |
|     | 15   | 18  | Gray basalt                                     |   | x |
| 6"  | 18   | 37  | Gray basalt                                     |   | x |
|     | 37   | 46  | Brown sandy clay                                |   | x |
|     | 46   | 53  | Fractured gray basalt                           |   | x |
|     | 53   | 78  | Gray basalt                                     |   | x |
|     | 78   | 95  | Fractured gray basalt                           |   | x |
|     | 95   | 148 | Gray basalt                                     |   | x |
|     | 148  | 163 | Fractured basalt                                |   | x |
|     | 163  | 233 | Gray basalt, hard                               |   | x |
|     | 233  | 240 | Broken basalt                                   |   | x |
|     | 240  | 268 | Gray basalt                                     |   | x |
|     | 268  | 280 | Brown basalt                                    |   | x |
|     | 280  | 375 | Gray basalt                                     |   | x |
|     | 375  | 390 | Brown basalt                                    |   | x |
|     | 390  | 430 | Fractured gray basalt                           |   | x |

RECEIVED

SEP 18 1996

Department of Water Resources  
Southern Region

Completed Depth 430 ft. (Measurable)

Date: Started 9-7-96 Completed 9-8-96

## 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 Elsing Drilling Firm No. 31

Firm Official Arnold Elsing Date 9-17-96

and Supervisor or Operator Chris Elsing Date 9-17-96

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

## IDAHO DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

68188

## Office Use Only

Inspected by \_\_\_\_\_

Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_

1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_

Lat: \_\_\_\_\_ Long: \_\_\_\_\_

1. DRILLING PERMIT NO. 47 - 97 - S - 0082 - 000

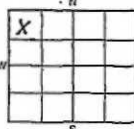
Other IDWR No. \_\_\_\_\_

## 2. OWNER:

Name Dave Donnon %Star QualityAddress 115 NorthstarCity Twin Falls State ID Zip 83301

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 11 North ☐ or South ☐  
 Rge. 16 East ☒ or West ☐  
 Sec. 17 NW ☐ NE ☐ SW ☐ SE ☐  
 Gov't Lot \_\_\_\_\_ County Twin Falls  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_

 Address of Well Site  
2255 East 3300 North City Twin Falls

(One of four names of 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              | 0    | 18 | 4 S             | Poured |
| Overbore to seal depth |      |    |                 |        |

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                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 6"       | +2   | 18 | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_

☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

274 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 |
|----------------|----------|---------------|------|
|                |          |               |      |
|                |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encountered \_\_\_\_\_

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

| From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|------|-----|-------------------------------------------------|---|---|
| 0    | 7   | Topsoil                                         |   | X |
| 7    | 18  | Gray lava                                       |   | X |
| 18   | 19  | Gray lava                                       |   | X |
| 19   | 120 | Gray lava                                       |   | X |
| 120  | 128 | Broken, lost circulation                        |   | X |
| 128  | 160 | Solid lava                                      |   | X |
| 160  | 168 | Clay                                            |   | X |
| 168  | 220 | Solid lava                                      |   | X |
| 220  | 235 | Broken rock                                     |   | X |
| 235  | 268 | Soft rock                                       |   | X |
| 268  | 275 | Clay                                            |   | X |
| 275  | 304 | Soft rock                                       | X |   |
| 304  | 350 | Solid Rock                                      |   | X |
| 350  | 383 | Broken rock                                     | X |   |
| 383  | 400 | Solid rock                                      |   | X |
| 400  | 440 | Broken lava                                     | X |   |

RECEIVED

JUN 25 1997

Department of Water Resources

In the Office of the Director

MAY 28 1997

Department of Water Resources

Southern Region

 Completed Depth 440 ft. (Measurable)  
 Date Started 5-22-97 Completed 5-23-97

## 13. DRILLER'S CERTIFICATION

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

Firm Name Elsing Drilling Firm No. 31Firm Official Arnold Elsing Date 5-27-97

and

Supervisor or Operator Lloyd W. W. W. Date 5-27-97

(Sign once if Firm Official &amp; Operator)

FORWARD WHITE COPY TO WATER RESOURCES

USE TYPEWRITER OR  
BALLPOINT PEN

RECEIVED

State of Idaho  
Department of Reclamation

# WELL DRILLER'S REPORT

JUN 12 1972

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

RECEIVED  
66

## 1. WELL OWNER

Name Jack McSpadden

Address Twin Falls

Owner's Permit No. \_\_\_\_\_

## 2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

## 3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test

☐ Municipal ☐ Industrial ☒ Stock

## 4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

## 5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 300 feet

Casing schedule: ☒ Steel ☐ Concrete

| Thickness          | Diameter        | From          | To             |
|--------------------|-----------------|---------------|----------------|
| <u>.250</u> inches | <u>6</u> inches | <u>0</u> feet | <u>18</u> feet |
| _____ inches       | _____ inches    | _____ feet    | _____ feet     |
| _____ inches       | _____ inches    | _____ feet    | _____ feet     |
| _____ inches       | _____ inches    | _____ feet    | _____ feet     |
| _____ inches       | _____ inches    | _____ feet    | _____ feet     |

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

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 \_\_\_\_\_

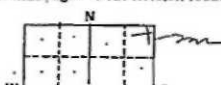
Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface seal? ☒ Yes ☐ No To what depth 18 feet

Material used in seal ☒ Cement grout ☐ Puddling clay

## 6. LOCATION OF WELL

Sketch map location must agree with written location.



## 7. WATER LEVEL

Static water level 145 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. \_\_\_\_\_

Temperature 60° F. Quality good

Artesian closed-in pressure \_\_\_\_\_ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

## 8. WELL TEST DATA

☒ Pump ☒ Bailer ☐ Other

| Discharge G.P.M. | Draw Down | Hours Pumped |
|------------------|-----------|--------------|
| _____            | _____     | _____        |
| _____            | _____     | _____        |
| _____            | _____     | _____        |

## 9. LITHOLOGIC LOG

046100

| Hole Diam. | Depth |     | Material                    | Water |    |
|------------|-------|-----|-----------------------------|-------|----|
|            | From  | To  |                             | Yes   | No |
| 6"         | 0     | 2   | topsoil                     |       | X  |
|            | 2     | 10  | Boulders & clay             |       |    |
|            | 10    | 37  | Gray Basalt                 |       |    |
|            | 37    | 43  | Open Ground                 |       |    |
|            | 43    | 50  | Red Basalt & Clay           |       |    |
|            | 50    | 57  | Brown Basalt                |       |    |
|            | 57    | 65  | Brown Basalt Open Ground    |       |    |
|            | 65    | 70  | Gray Basalt                 |       |    |
|            | 70    | 80  | Red Basalt Open Ground      |       |    |
|            | 80    | 89  | Brown Basalt                |       |    |
|            | 89    | 97  | Gray Basalt                 |       |    |
|            | 97    | 115 | Brown Basalt                |       |    |
|            | 115   | 130 | Red Basalt Broken           | X     |    |
|            | 130   | 140 | Brown Basalt                |       |    |
|            | 140   | 164 | Brown Basalt                |       |    |
|            | 164   | 172 | Broken Brown Basalt         |       |    |
|            | 172   | 200 | Brown Rhyolite              |       |    |
|            | 200   | 225 | Gray Basalt                 |       |    |
|            | 225   | 237 | Broken Brown Basalt cinders |       |    |
|            |       |     | clay streaks                |       | X  |
|            | 237   | 265 | Brown Basalt Broken         | X     |    |
|            | 265   | 275 | Broken Red Basalt cinders   | X     |    |
|            | 275   | 285 | Red Clay Broken Basalt      |       |    |
|            | 285   | 300 | Brown Sand Stone            |       |    |

10. Work started March 24, 1972 finished April 28, 1972

## 11. DRILLER'S CERTIFICATION

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**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.

Protestant # 7 #8

USE TYPEWRITER OR  
BALLPOINT PEN

RECEIVED  
JUN 1 1981  
Department of Water Resources  
Boise District Office

59

1. WELL OWNER

Name Dean Rice  
Address Box 200, Tully, Idaho 83328  
Owner's Permit No. \_\_\_\_\_

7. WATER LEVEL

Static water level 225 feet below land surface.  
Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_  
Artesian closed-in pressure \_\_\_\_\_ p.s.i.  
Controlled by: ☐ Valve ☐ Cap ☐ Plug  
Temperature \_\_\_\_\_ °F. Quality \_\_\_\_\_

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement  
☐ Abandoned (describe method of abandoning) \_\_\_\_\_

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other \_\_\_\_\_

| Discharge G.P.M. | Pumping Level | Hours Pumped |
|------------------|---------------|--------------|
|                  |               |              |
|                  |               |              |
|                  |               |              |

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal  
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection  
☐ Other \_\_\_\_\_ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary  
☐ Cable ☐ Dug ☐ Other \_\_\_\_\_

WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other \_\_\_\_\_

| Thickness         | Diameter        | From          | To             |
|-------------------|-----------------|---------------|----------------|
| <u>250</u> inches | <u>6</u> inches | <u>1</u> feet | <u>40</u> feet |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |
| _____ inches      | _____ inches    | _____ feet    | _____ feet     |

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 \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

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 40 Material used in seal: ☐ Cement grout

☐ Pudding clay ☒ Well cuttings

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 well seal

9. LOCATION OF WELL

Sketch map location must agree with written location.

9. LITHOLOGIC LOG

001740

| Hole  | Depth | Material | Water                     |        |   |
|-------|-------|----------|---------------------------|--------|---|
| Diam. | From  |          | To                        | Yes No |   |
|       | 0     | 4        | Top soil.                 |        | X |
|       | 4     | 5        | Hard pan                  |        | X |
|       | 5     | 36       | Sandy clay                |        | X |
|       | 36    | 39       | Broken lava               |        | X |
|       | 39    | 49       | Hard grey lava            |        | X |
|       | 49    | 54       | Cinders                   |        | X |
|       | 54    | 72       | Broken lava               |        | X |
|       | 72    | 76       | Grey lava                 |        | X |
|       | 76    | 80       | Bluish lava               |        | X |
|       | 80    | 96       | Cinders Bed               |        | X |
|       | 96    | 119      | Grey lava                 |        | X |
|       | 119   | 137      | Bluish lava               |        | X |
|       | 137   | 145      | Grey lava                 |        | X |
|       | 145   | 179      | Bl. lava - strips of clay |        | X |
|       | 179   | 207      | Grey lava                 |        | X |
|       | 207   | 227      | Bl. lava                  | X      | X |
|       | 227   | 230      | Grey lava                 |        | X |
|       | 230   | 239      | Red sandy clay            |        | X |
|       | 239   | 249      | Broken grey lava          |        | X |
|       | 249   | 252      | Hard grey lava            |        | X |
|       | 252   | -        | Soil                      | X      |   |
|       | 252   | 257      | Hard grey lava            |        | X |
|       | 257   | -        | Soil                      | X      |   |
|       | 257   | 400      | Hard grey lava            |        | X |

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JUN 8 1981

Department of Water Resources

10.

Work started 5-12-81 finished 5-12-81

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were

IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT

RECEIVED

AUG 25 1995

Department of Water Resources

49369

Use Typewriter  
or  
Ball Point Pen

1. DRILLING PERMIT NO. 47-95-S-0066-000  
Other IDWR No. \_\_\_\_\_

2. OWNER:  
Name Red McCreary MCCRERY  
Address 3300N 1975E  
City ELMER State ID Zip \_\_\_\_\_

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|   |  |                 |  |                                |    |                                |
|---|--|-----------------|--|--------------------------------|----|--------------------------------|
| N |  | Twp. <u>11S</u> |  | North <input type="checkbox"/> | or | South <input type="checkbox"/> |
| E |  | Rge. <u>16E</u> |  | East <input type="checkbox"/>  | or | West <input type="checkbox"/>  |
| S |  | Sec. <u>17</u>  |  | N 1/4 1/4 N 1/4 1/4 1/4        |    |                                |
| W |  | Gov't Lot _____ |  | County _____                   |    |                                |

Address of Well Site 950 F S  
City \_\_\_\_\_  
(Give at least name of road - Distance to Road or Landmark)

Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other \_\_\_\_\_

7. SEALING PROCEDURES

| SEAL/FILTER PACK |          |           |  | AMOUNT          |  | METHOD                |
|------------------|----------|-----------|--|-----------------|--|-----------------------|
| Material         | From     | To        |  | Sacks or Pounds |  |                       |
| <u>Bentonite</u> | <u>2</u> | <u>19</u> |  | <u>1 sack</u>   |  | <u>Mix &amp; Pour</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>1</u> | <u>19</u> | <u>30</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |           |           |              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |           |           |              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_  
☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

310 ft. below ground Artesian pressure \_\_\_\_\_ lb.

Depth flow encountered \_\_\_\_\_ ft. Describe access port or

control devices: well cap

11. WELL TESTS:

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

| Yield gal/min. | Drawdown | Pumping Level | Time        |
|----------------|----------|---------------|-------------|
| <u>25</u>      |          | <u>300'</u>   | <u>1 HR</u> |
|                |          |               |             |
|                |          |               |             |

Water Temp. -88 Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: clear - NO odor

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>2</u>   | <u>Topsoil</u>                                  |   |   |
|           | <u>2</u>   | <u>3</u>   | <u>White shale</u>                              |   |   |
|           | <u>3</u>   | <u>19</u>  | <u>Lava</u>                                     |   |   |
| <u>6"</u> | <u>19</u>  | <u>38</u>  | <u>Lava</u>                                     |   |   |
|           | <u>38</u>  | <u>46</u>  | <u>Linders (no circulation)</u>                 |   |   |
|           | <u>46</u>  | <u>100</u> | <u>Lava</u>                                     |   |   |
|           | <u>100</u> | <u>165</u> | <u>Broken Lava</u>                              |   |   |
|           | <u>165</u> | <u>192</u> | <u>Lava</u>                                     |   |   |
|           | <u>192</u> | <u>196</u> | <u>Red clay</u>                                 |   |   |
|           | <u>196</u> | <u>224</u> | <u>Lava</u>                                     |   |   |
|           | <u>224</u> | <u>258</u> | <u>Clay</u>                                     |   |   |
|           | <u>258</u> | <u>274</u> | <u>Lava</u>                                     |   |   |
|           | <u>274</u> | <u>288</u> | <u>Red clay</u>                                 |   |   |
|           | <u>288</u> | <u>290</u> | <u>Lava</u>                                     |   |   |
|           | <u>290</u> | <u>295</u> | <u>Lava w/ clay</u>                             |   |   |
|           | <u>295</u> | <u>290</u> | <u>Lava (no circulation)</u>                    |   |   |
|           | <u>290</u> | <u>300</u> | <u>Lava</u>                                     |   |   |
|           | <u>300</u> | <u>312</u> | <u>Lava w/ water table</u>                      |   |   |
|           | <u>312</u> | <u>325</u> | <u>Lava</u>                                     |   |   |
|           | <u>325</u> | <u>330</u> | <u>Clay</u>                                     |   |   |
|           | <u>330</u> | <u>335</u> | <u>Lava</u>                                     |   |   |
|           | <u>335</u> | <u>350</u> | <u>Lava w/ water table</u>                      |   |   |

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JUL 28 1995

Department of Water Resources  
Southern Region

Completed Depth 350 (Measurable)

Date: Started 6-22-95 Completed 6-28-95

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 BISHOP DRILLING Firm No. 540

Firm Official Ron Bishop Date 7-26-95

and

Supervisor or Operator [Signature] Date 6-28-95

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

Protestant # 12

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.

DEC 3 1984

**1. WELL OWNER**

Name Dick McCracken

Address Rt 2 Tuba City

Owner's Permit No. \_\_\_\_\_

**2. NATURE OF WORK**

☒ New well ☐ Deepened ☐ Replacement  
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

**3. PROPOSED USE**

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal  
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection  
☐ Other \_\_\_\_\_ (specify type) \_\_\_\_\_

**4. METHOD DRILLED**

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary  
☒ Cable ☐ Dug ☐ Other \_\_\_\_\_

**5. WELL CONSTRUCTION**

Casing schedule: ☒ Steel ☐ Concrete ☐ Other \_\_\_\_\_

| Thickness    | Diameter     | From       | To         |
|--------------|--------------|------------|------------|
| 250 inches   | 6-3/8 inches | 1 foot     | 19 feet    |
| _____ inches | _____ inches | _____ feet | _____ feet |
| _____ inches | _____ inches | _____ feet | _____ feet |
| _____ inches | _____ inches | _____ feet | _____ feet |

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 \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

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 14 ft Material used in seal: ☐ Cement grout  
☐ Bentonite ☐ Puddling clay ☐ Cement

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing  
☐ Overbore to seal depth ☐ Welded ☐ Solvent Weld

Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld

☐ Cemented between strata

Describe access port \_\_\_\_\_

**6. LOCATION OF WELL**

Sketched map location must agree with written location.

N  
W E  
S

County Twin Falls

Subdivision Name \_\_\_\_\_

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

NE ¼ NW ¼ Sec. 29, T. 10 N R. 16 W.

**7. WATER LEVEL**

Department of Water Resources  
Southern District Office  
feet below land surface.

Static water level 1154

Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_

Artesian closed-in pressure \_\_\_\_\_ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature \_\_\_\_\_ of Quality \_\_\_\_\_

Describe artesian or temperature zones below.

**8. WELL TEST DATA**

☐ Pump ☒ Bailor ☐ Air ☐ Other \_\_\_\_\_

| Discharge G.P.M. | Pumping Level | Hours Pumped |
|------------------|---------------|--------------|
| _____            | _____         | _____        |
| _____            | _____         | _____        |
| _____            | _____         | _____        |

**9. LITHOLOGIC LOG**

| Bore Diam. | Depth From To | Material     | Water Yes No |
|------------|---------------|--------------|--------------|
| _____      | 0 5           | top soil     | _____        |
| _____      | 5 39          | gray sand    | _____        |
| _____      | 39 51         | medium brown | _____        |
| _____      | 51 130        | light tan    | _____        |
| _____      | 130 139       | gray sand    | _____        |
| _____      | 139 145       | gray sand    | _____        |
| _____      | 145 140       | light tan    | _____        |
| _____      | 140 182       | medium brown | _____        |
| _____      | 182 187       | Red layer    | _____        |
| _____      | 187 190       | sandstone    | _____        |
| _____      | 190 204       | brown sand   | _____        |
| _____      | 204 207       | sandstone    | _____        |
| _____      | 207 233       | medium brown | _____        |
| _____      | 233 245       | Red layer    | _____        |

drawn down

DEC 5 1984

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MICROFILMED

Department of Water Resources

**10.**

Work started 9/21/84 finished 9/28/84

**11. DRILLERS CERTIFICATION**

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

Firm Name Dick McCracken Firm No. 196

Address Rt 2 Kinsley Date 9/28/84

Signed by (Firm Official) \_\_\_\_\_  
and \_\_\_\_\_  
(Operator) \_\_\_\_\_

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

Form 238-7  
3/95

## IDAHO DEPARTMENT OF WATER RESOURCES

## WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

59911

|                              |                                           |            |
|------------------------------|-------------------------------------------|------------|
| Office Use Only              |                                           |            |
| Inspected by _____           |                                           |            |
| Twp. _____                   | Rge. _____                                | Sec. _____ |
| 1/4 _____                    | 1/4 _____                                 | 1/4 _____  |
| Lat. : : _____               | Long. : : _____                           |            |
| <input type="checkbox"/> Air | <input type="checkbox"/> Flowing Artesian |            |

1. DRILLING PERMIT NO. 49-97-S-0037-000  
Other IDWR No. \_\_\_\_\_

## 2. OWNER:

Name Ed Smith  
Address 1260 Evergreen Drive  
City Twin Falls State ID Zip 83301

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|   |  |                                           |                                          |                                |                               |                                           |
|---|--|-------------------------------------------|------------------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| N |  | Twp. <u>10</u>                            |                                          | North <input type="checkbox"/> | or                            | South <input checked="" type="checkbox"/> |
| E |  | Rge. <u>16</u>                            | East <input checked="" type="checkbox"/> | or                             | West <input type="checkbox"/> |                                           |
| S |  | Sec. <u>29</u>                            | SE 1/4                                   | SW 1/4                         | NE 1/4                        | NW 1/4                                    |
| W |  | Gov't Lot _____                           | County _____                             |                                |                               |                                           |
|   |  | Lat. : : _____                            | Long. : : _____                          |                                |                               |                                           |
|   |  | Address of Well Site <u>2231 E 3652 W</u> |                                          |                                |                               |                                           |
|   |  | City <u>Filer</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        | 0    | 19 | 200      | lb     |        |
|                  |      |    |          |        |        |
|                  |      |    |          |        |        |

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                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 6        | 1    | 19 | 25    | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_  
☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

147 ft. below ground Artesian pressure \_\_\_\_\_ lb.Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: Well Cap

## 11. WELL TESTS:

☐ Pump ☐ Bailor

| Valid gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
|                |          |               |      |
|                |          |               |      |

Water Temp. 58.5 Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encountered \_\_\_\_\_

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

| Bore Dia. | From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----------|------|-----|-------------------------------------------------|---|---|
| 8         | 0    | 6   | Top Soil                                        |   |   |
| 8 1/2     | 6    | 48  | Red Lava                                        |   |   |
| 48        | 48   | 56  | Red "                                           |   |   |
| 56        | 56   | 111 | Red Lava                                        |   |   |
| 111       | 111  | 138 | Med Hard bl Lava                                |   |   |
| 138       | 138  | 162 | Red Lava                                        |   |   |
| 162       | 162  | 165 | Red Lava                                        |   |   |
| 165       | 165  | 171 | Red Lava                                        |   |   |
| 171       | 171  | 173 | Drill hole                                      | X |   |
| 173       | 173  | 221 | Red Lava                                        |   |   |
| 221       | 221  | 224 | Med Hard Red + bl Lava                          | X |   |
| 224       | 224  | 230 | Med Hard Red Ash                                | X |   |
| 230       | 230  | 245 | Red Lava                                        |   |   |

RECEIVED

APR 16 1997

Department of Water Resources  
Southern Region

RECEIVED

APR 28 1997

Department of Water Resources

Completed Depth 245 (Measurable)  
Date: Started 4-5-97 Completed 4-5-97

## 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 Fator Drilling Firm No. 26Firm Official [Signature] Date 4-14-97

and \_\_\_\_\_

Supervisor or Operator [Signature] Date 4-10-97

(Sign once if Firm Official &amp; Operator)

FORWARD WHITE COPY TO WATER RESOURCES

USE TYPEWRITER  
BALL POINT PEN

State of Idaho  
Department of Water Administration

Proclamation #15

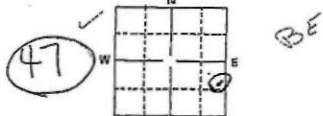
# WELL DRILLER'S REPORT

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

Location Corrected by IDWR To:

T10S R15E Sec. 26 NESESE

By: mciscell 2012-08-28

| <b>1. WELL OWNER</b><br>Name <u>Jim Condon</u><br>Address <u>Rt. 1, Twin Falls, Idaho</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <b>7. WATER LEVEL</b><br>Static water level <u>215</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature _____ ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
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| <b>2. NATURE OF WORK</b><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><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Other _____<br><table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> <td>10</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Discharge G.P.M. | Draw Down | Hours Pumped       | 0               | None          | 10             |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Draw Down       | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | None            | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | <b>9. LITHOLOGIC LOG</b> <span style="float: right;">045930</span><br><table border="1"> <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>8</td> <td>0</td> <td>19</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0</td> <td>11</td> <td>Topsoil</td> <td></td> <td></td> </tr> <tr> <td></td> <td>11</td> <td>34</td> <td>Gray lava</td> <td></td> <td></td> </tr> <tr> <td></td> <td>34</td> <td>84</td> <td>Red</td> <td></td> <td></td> </tr> <tr> <td></td> <td>84</td> <td>114</td> <td>Gray cinders</td> <td></td> <td></td> </tr> <tr> <td></td> <td>114</td> <td>128</td> <td>Gray lava</td> <td></td> <td></td> </tr> <tr> <td></td> <td>128</td> <td>158</td> <td>White basalt hard?</td> <td></td> <td></td> </tr> <tr> <td></td> <td>158</td> <td>184</td> <td>Hard red lava</td> <td></td> <td></td> </tr> <tr> <td></td> <td>184</td> <td>197</td> <td>Red lava</td> <td></td> <td></td> </tr> <tr> <td></td> <td>197</td> <td>208</td> <td>Gray lava hard</td> <td></td> <td></td> </tr> <tr> <td></td> <td>208</td> <td>211</td> <td>Soft red lava</td> <td></td> <td></td> </tr> <tr> <td></td> <td>211</td> <td>217</td> <td>Gray</td> <td></td> <td></td> </tr> <tr> <td></td> <td>217</td> <td>238</td> <td>Red lava lot water</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>238</td> <td>245</td> <td>Hard gray</td> <td></td> <td>X</td> </tr> </tbody> </table> |                    | Hole Diam.       | Depth     |                    | Material        | Water         |                | From         | To           | Yes        | No         | 8            | 0            | 19         |            |              |              |            | 0          | 11           | Topsoil      |            |            |        | 11   | 34 | Gray lava          |            |            |                    | 34         | 84         | Red                |            |            |  | 84 | 114 | Gray cinders |  |  |  | 114 | 128 | Gray lava |  |  |  | 128 | 158 | White basalt hard? |  |  |  | 158 | 184 | Hard red lava |  |  |  | 184 | 197 | Red lava |  |  |  | 197 | 208 | Gray lava hard |  |  |  | 208 | 211 | Soft red lava |  |  |  | 211 | 217 | Gray |  |  |  | 217 | 238 | Red lava lot water | X |  |  | 238 | 245 | Hard gray |  | X |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Material           |                  | Water     |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | Yes              | No        |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0               | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0               | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Topsoil            |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>6</u> inches Total depth <u>245</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br><table border="1"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2.52</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>19</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> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> 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<br>Size of perforation _____ inches by _____ inches<br><table border="1"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>19</u> feet<br>Material used in seal <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Puddling clay |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter           | From             | To        | <u>2.52</u> inches | <u>6</u> inches | <u>1</u> feet | <u>19</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | Number | From | To | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Diameter        | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To                 |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| <u>2.52</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>6</u> inches | <u>1</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>19</u> feet     |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
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| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet      | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>County <u>Twin Falls</u><br><u>NE 1/4 SW 1/4 Sec. 96, T. 10S N/2, R. 15E NW</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <b>10.</b><br>Work started <u>June 18-73</u> finished <u>July 10-73</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |
| <b>11. DRILLER'S CERTIFICATION</b><br>This well was drilled under my supervision and this report is true to the best of my knowledge.<br><u>Harry Moore Well Drilling</u><br>Driller's Firm's Name _____<br><u>1094 Kimes Ave Twin Falls</u><br>Address _____<br>Signed By <u>Harry A. Moore Aug 8-73</u> Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                  |           |                    |                 |               |                |              |              |            |            |              |              |            |            |              |              |            |            |              |              |            |            |        |      |    |                    |            |            |                    |            |            |                    |            |            |  |    |     |              |  |  |  |     |     |           |  |  |  |     |     |                    |  |  |  |     |     |               |  |  |  |     |     |          |  |  |  |     |     |                |  |  |  |     |     |               |  |  |  |     |     |      |  |  |  |     |     |                    |   |  |  |     |     |           |  |   |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

## WELL DRILLER'S REPORT

065545

Protestant # 16

15

## 1. WELL TAG NO. D 0002654

DRILLING PERMIT NO. 47-98-S-0132 - 000

Other IDWR No.

## 2. OWNER:

Name D.L. Evans Bank

Address P.O. Box 87

City Twin Falls State ID Zip 83303

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|   |   |               |      |    |       |   |              |    |      |   |                |        |        |           |        |            |                    |
|---|---|---------------|------|----|-------|---|--------------|----|------|---|----------------|--------|--------|-----------|--------|------------|--------------------|
| N | X | Twp. 11 North | East | or | South | E | Rge. 16 East | or | West | W | Sec. 17 NW 1/4 | NW 1/4 | NW 1/4 | Gov't Lot | County | Twin Falls | Lat. : : Long. : : |
|   |   |               |      |    |       |   |              |    |      |   |                |        |        |           |        |            |                    |
|   |   |               |      |    |       |   |              |    |      |   |                |        |        |           |        |            |                    |
|   |   |               |      |    |       |   |              |    |      |   |                |        |        |           |        |            |                    |

Address of Well Site

2245 East 3300 North City Twin Falls

(Give at least name of road &amp; distance to road or landmark)

L.L. 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 |
|------------------------|--------|----|--------|
|                        | From   | To |        |
| Bentonite              | 0      | 18 | 3 S    |
| Overbore to seal depth |        |    |        |

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                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 6"       | +2   | 18 | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe Length of Tailpipe

## 9. PERFORATIONS/SCREENS

Perforations Method  
Screens Screen Type

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

246 ft. below ground Artesian pressure lb.

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

## 11. WELL TESTS:

☐ Pump ☐ Bailor

Office Use Only

Inspected by

Twp Rge Sec

1/4 1/4 1/4

Lat. : : Long. : :

☐ Air ☐ Flowing Artesian

| Yield gal/min. | Drawdown | Pumping Level | Time |
|----------------|----------|---------------|------|
|                |          |               |      |

Water Temp. Bottom hole temp.

Water Quality test or comments:

Depth first Water Encounter

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

| From | To  | Remarks: Lithology, Water Quality & Temperature | Water |
|------|-----|-------------------------------------------------|-------|
| 8"   | 0   | Topsoil                                         | X     |
|      | 3   | Caliche                                         | X     |
|      | 6   | Basalt                                          | X     |
| 6"   | 18  | Basalt                                          | X     |
|      | 76  | Brown basalt                                    | X     |
|      | 89  | Gray basalt                                     | X     |
|      | 106 | Broken basalt, lost circulation                 | X     |
|      | 110 | Fractured basalt                                | X     |
|      | 226 | Cinders                                         | X     |
|      | 237 | Fractured basalt                                | X     |
|      | 271 | Basalt                                          | X     |
|      | 304 | Cinders                                         | X     |
|      | 310 | Fractured basalt                                | X     |
|      | 316 | Clay                                            | X     |
|      | 327 | Fractured basalt                                | X     |
|      | 350 | Broken basalt                                   | X     |

RECEIVED

SEP 08 1998

Department of Water Resources

RECEIVED

AUG 24 1998

Department of Water Resources  
Southern Region

MICROFILMED

NOV 04 1998

Completed Depth 450 ft. (Measurable)  
Date: Started 8-10-98 Completed 8-11-98

## 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 Elsing Drilling Firm No. 31

Firm Official *Donald Elsing* Date 8-17-98

and

Driller or Operator *CRAG EGAN* Date 8-17-98

(Sign once if Firm Official &amp; Operator)

FORWARD WHITE COPY TO WATER RESOURCES