

Corrected Version

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

174

1. WELL TAG NO. D 0058690

Drilling Permit No. _____

Water right or Injection well # _____

2. OWNER: Bureau of Land ManagementName Bureau of Land ManagementAddress 1405 Hollipark DriveCity Idaho Falls State Id Zip 83401

3. WELL LOCATION:

Twp. 19 North ☒ or South ☐ Rge. 24 East ☒ or West ☐Sec. 34 1/4 NE 1/4 NE 1/4Gov't Lot 1 County LemhiLat. 45 ° 00.89629 (Deg. and Decimal minutes)Long. 113 ° 36.45771 (Deg. and Decimal minutes)Address of Well Site Sharkay Hot Spring(Give at least name of road + distance to road or landmark) City Tendoy

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	40	0	2,950#	overbore/Poured

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8"	18'	41'	.322	Steel	☒	☐	☒
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 61 Feet

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type LouveredMethod of installation Set-Welded

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
61	41	10 Slot	13	8"	Steel	.322

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
3/8 minus	61	40	1/4 yard	Poured

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 18 FT Static water level (ft) 18 FTWater temp. (°F) 64° Bottom hole temp. (°F) 64°Describe access port Removable Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
16 FT	25 gpm	24 HRS

Test method:

Pump	Bailer	Air	Flowing artesian
☒	☐	☐	☐

Water quality test or comments: N/A

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12"	0	5	Sand		X
	5	10	Sand, clay, some small GRAVEL mix		X
	10	15	Brown clay		X
	15	20	Wet sandy clay & small GRAVEL mix	X	
	20	25	Silty clay small GRAVEL mix		X
	25	30	clay w/ pea GRAVEL mix		X
	30	32	CLAY		X
	32	35	Silty clay		X
	35	36	DRY sand		X
	36	37	CLAY		X
	37	38	Silty clay some small GRAVEL mix		X
	38	40	Rock	X	
	40	42	Black Rock	X	
	42	45	Green Rock	X	
	45	50	Green Rock	X	
	50	55	Green Rock	X	
	55	56	Rock	X	
	56	57	Rock	X	
	57	58	Rock	X	
	58	61	Rock	X	

RECEIVED

NOV 19 2010

Department of Water Resources
Eastern RegionCompleted Depth (Measurable): 61 FTDate Started: 11/2/10Date Completed: 11/9/10

14. DRILLER'S CERTIFICATION:

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

Company Name FOSTER/JAFco Drilling No. 504*Principal Driller [Signature] Date 11/17/10*Driller [Signature] Date 11/17/10*Operator II [Signature] Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

mailed to IDWR - EASTERN REG ON 11/12/10

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Receipt Details for E036233

Status	Adjustment Type	Version
		1

General Information

Date Received	Date Deposited	Region	Total Amount	Payment Type
10/25/2010 4:03:33 PM	10/29/2010 2:56:35 PM	EASTERN	\$75.00	Check
Payer	Foster Well Drilling and Construction			

Account Information:

Check Number:	3107
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Comment D0058690

Fee Details:						
Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$75.00	DRILLING PERMITS	63134	0229	21		1205