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MAR 25 2013

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 100.00
Receipt No. CD96780
Receipt By: HP
Date Received: 3-25-13

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

1. Permit No.: 22-13800 Telephone No.: (208) 787-7000

2. Name of Permit Holder(s): Tall Boy LLC. c/o George N. Gillett, III

3. Mailing Address: P.O. Box 610 City: Victor

State: Idaho Zip: 83455 Email: mchadwick@bcmgt.com

4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. 08 / yr. 2008

Well Driller: Andrew Well Drilling Services, Inc., Firm #5 Drilling Permit Number: D 0049687

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: Heating & Cooling

6. Total rate of diversion or storage volume for which proof is submitted: 0.50 cfs OR _____ acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

Measuring Device: Is a measuring device required?

Yes ☐ No ☒

If yes, has the measuring device been installed?

Yes ☐ No ☒

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes ☐ No ☒

If yes, has the lockable device been installed?

Yes ☐ No ☒

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed: \$ 100.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Maggie Chadwick Telephone Number: (208) 787-7000

Mailing Address: P.O. Box 610 City: Victor

State: Idaho Zip: 83455 Email: mchadwick@bcmgt.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder:  manager
(Include your title, if on behalf of company or organization)

Date: 3/20/13

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

6102

Andrew

WELL DRILLER'S REPORT

22

Office Use Only

Well ID No. _____
 Inspected by: _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: _____ : _____ Long: _____ : _____

1 WELL TAG NO. D 0049687
 DRILLING PERMIT NO _____
 Water Right or Injection Well No. _____

2 OWNER:
Name Tall Boy LLC Geothermal Extraction
Address: PO Box 610
City: Driggs State: ID Zip: 83422

3 LOCATION OF WELL by legal description.
 You must provide address or Lot, Blk, Sub, Or Directions to well.

Twp	<u>5</u>	☒	North	or	☐	South
Rge	<u>45</u>	☒	East	or	☐	West
Sec	<u>26</u>					

	SE	1/4	SE	1/4	SW	1/4
	10 Acres		40 Acres		160 Acres	

Gov't Lot _____ County Teton

Lat: _____ Long: _____

Address of Well Site: NW 200' Bates Rd & Main Street

City: Driggs

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

Li. _____ Blk _____ Sub. Name: _____

4 USE: ☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Geothermal Extraction

5 TYPE OF WORK: (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

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

7 SEALING PROCEDURES:

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentoite	0	82	5650 lbs.	Overbore

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 185'

Was drive shoe seal tested? ☐ Yes ☒ No How? _____

8 **CASING/LINER:**

Dia	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2'	185	0.25	Steel	☒	☐	☒	☐
6"	180	190	0.25	Steel	☒	☐	☒	☐
					☐	☐	☐	☐

Length of Headpipe: 101' Length of Tailpipe: NA

Packer ☒ Yes ☐ No Type: Style K @ 180'

9 PERFORATIONS/SCREENS: PACKER TYPE
Perforation Method: _____
Screen Type & Method of Installation: v-wire, pullback

From	To	SlotSize	Number	Diameter	Material	Casing	Liner
190'	210'	0.04	continuous	6"	SS	☐	☐
						☐	☐
						☐	☐

Seal Material	From	To	Weight / Volume	Seal Placement Method

11 **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
14 ft. below ground Artesian Pressure: _____ lb.
 Depth flow encountered: _____ ft
 Describe access port or control devices: Sanitary Well Cap

12 WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
225 gpm	7'	21'	6 hrs

Water Temp	Bottom hole temp
10	10
20	20
30	30
40	40
50	50
60	60
70	70
80	80
90	90
100	100

Water Quality test or comments:

13 LITHOLOGIC LOG: _____

[illegible]

Completed Depth	210	(Measurable)	
Date: Started	5/5/08	Completed	8/5/08

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 **Andrew Well Drilling Services, Inc. Firm No. 5**

Principal Driller Kyle P. Burkha Date: 8-25-08
and
Driller or Operator II Alfred Nyl Date: 8-25-08
Operator I _____ Date: _____