

Exhibit D

Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0044546DRILLING PERMIT NO. 847820

Water Right or Injection Well No. _____

2. OWNERName Roy MurphyAddress 3424 N 1400 ECity Buhl State ID Zip 83316**3. LOCATION OF WELL by legal description:**

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

Twp. 11 North ☐ or South ☒
 Rge. 14 East ☒ or West ☐
 Sec. 1 1/4 SW 1/4 SW 1/4

Gov't Lot _____ County Twin Falls
 Lat: 42: 29.675 Long: 114: 46.212

Address of Well Site 3424 N 1400 ECity Buhl

(Show at least name of road - Direction 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 Replacement

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	4 BAGS	POURED

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 5/8	2	18	.250	Steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____**9. PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:131 ft. below ground Artesian pressure _____ lb.

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

PLATE

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
8	0	6	TOPSOIL	X
	6	15	BROWN ASH	X
	15	18	GREY BASALT	X
6	18	31	GREY BASALT	X
	31	48	BROWN BASALT	X
	48	131	GREY BASALT	X
	131	135	RED ASH & CINDERS	X
	135	153	BROWN BASALT	X
	153	195	GREY BASALT	X
	195	198	RED ASH & CINDERS	X
	198	233	BROWN BASALT	X
	233	250	RED ASH & CINDERS	X

RECEIVED

AUG 5 2007

DEPT. OF WATER RESOURCES
SACRAMENTO, CALIF.

* actual hole sizes are 8 3/4 & 6 1/8

Completed Depth 250' (Measurable)
 Date: Started 7/16/07 Completed 7/16/07

14. DRILLER'S CERTIFICATION

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

Company Name Elsing Drilling & Pump Co., Inc. Firm No. 669Principal Driller Wayne Elsing Date 7/17/07

Driller or Operator II _____ Date _____

Operator I Alex Putnam Date 7/17/07

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

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