

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0044631

DRILLING PERMIT NO. 848754

Water Right or Injection Well No. _____

2. OWNER

Name Bruce Duffy

Address 3385 N 1400 E

City 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. 11 1/4 NE 1/4 NE 1/4

Gov't Lot _____

County Twin Falls

Lat: 42: 29.333

Long: 114: 46.252

Address of Well Site 3385 N 1400 E

City Buhl

(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 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:

134 ft. below ground

Artesian pressure _____ lb.

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

PLATE

12. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

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)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	11	TOPSOIL		X
	11	17	DECOMPOSED BASALT		X
	17	18	GREY BASALT		X
6	18	35	GREY BASALT		X
	35	37	CREVICE - LOST CIRC		X
	37	141	FRACTURED	X	
	141	170	BASALT	X	
	170	250	FRACTURED BASALT	X	

RECEIVED

SEP 04 2007

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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

Completed Depth 250' (Measurable)
Date: Started 8/28/07 Completed 8/29/07

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. 669

Principal Driller Craig Egan Date 8/31/07

and Driller or Operator II _____ Date _____

Operator I Lloyd Hayden Date 8/31/07

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

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