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 \$50 Fee Received by AD
 Date 12-13-10
 Receipt No. C092209

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DEC 13 2010

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

REQUEST FOR EXTENSION OF TIME

TO PROVIDE ADDITIONAL TIME IN WHICH TO SUBMIT PROOF OF
 BENEFICIAL USE FOR A WATER RIGHT PERMIT

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time under the provisions of Section 42-204, Idaho Code in which to complete development of a water right and file proof or beneficial use of water. There is a **FILING FEE** of \$50.00 to be included with this form when filed with IDWR.

Permit No. 94-7408 Date Proof is Due FEBRUARY 1ST 2011
 Name(s) of Permit Holder CENTRAL SHOSHONE CO. WATER DISTRICT
 Address 409 MAIN ST. City KEELOCK State ID Zip 83837
 Telephone No. 208-786-9141 Email MANAGER@CSCWATERDISTRICT.COM

Describe what work has been completed toward the development of this water right:
 (This must be filled out! If no work has been completed, show "none".)

THE TEST WELL WAS DRILLED AND CAPPED
AT ENAVILLE. THE BOARD OF DIRECTORS HAS MET TO
CONSIDER USING THIS WELL IN SUMMER MONTHS

Costing \$25,000⁰⁰ APPX.

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

THE DISTRICT IS NEARING COMPLETION OF THE NEW
10 MILLION DOLLAR FILTER PLANT IN ENAVILLE, AND HAS
SPENT ALL OUR TIME AND STIMULUS MONEY TO MEET THE
DEADLINE ON D.E.Q.'S CONSENT ORDER. I BELIEVE ON 2/15/11

Permit holder(s) request an extension to FEBRUARY 1ST, 20 16.

Dennis Harris MANAGER
 Signature (If other than permit holder, Power of Attorney must be supplied)

12/6/10
 Date

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be

APPROVED and the time within which to submit proof of beneficial use
 is extended to February 1, 2016. is

Signed this 26th day of January, 2011

Jeff Peppersack, Chief
 Water Allocation Bureau

Form 238-7
7/98Starships Consulting and
Management ServicesIDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

ENTERED

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
Lat: _____	Long: _____	_____	

1. WELL TAG NO. D0054177Drilling Permit No: 849429

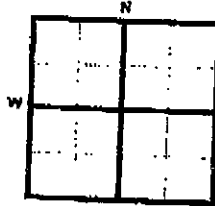
Other IDWR No. _____

2. OWNER

Name Ctrl Shoshone Cnty Water Dist.Well Number: 1378Address 408 Main St.City KelloggState ID Zip 83837

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 49NNorth or South
East or WestRge. 02ESec. 311/4 NE 1/4 NW 1/4

Gov't Lot _____

County SHOSHONE

Latitude: _____

Longitude: _____

Address of Well Site N. FORK CDA RIVERCity ENAVILLE

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

LL _____ Blk _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

New Well ☒ Modify ☐ Abandonment ☐ Other ☐
 (Replacement, etc.)

6. DRILL METHOD

Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other ☐

7. SEALING PROCEDURES

SEA/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
3/8 HOLE PLUG	0	147	120 lbs	Slurry
BENTONITE	0	2	200 lbs	Poured

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 245Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Unid	Welded	Threaded
10	0	147	.365	STEEL	☒	☐	☒	☐
6	1 1/2	245	.250	STEEL	☒	☐	☐	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations		Method	
Screen	Screen Type	Screen	Screen Type
From	To	Slot Size	Number

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 245 ft. Describe access port or control devices: _____

49N 2E 31

11. WELL TESTS:

Pump	Bailer	Air	Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
25			1 HR
Water Temp. <u>COLD</u> Bottom Hole Temp <u>COLD</u>			
Water Quality test or comments: <u>Orange</u>			
Depth first Water encountered <u>20</u>			

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bar	From	To	Remarks: Lithology, Water Quality, Temperature	Water
12	0	10	Sands & Gravel 3/4 minus	☒
12	10	20	Sands & Gravel 1" minus	☒
12	20	60	Sands & Gravel 250 gpm	☒
12	60	85	Sands & Gravel 4" Minus	☒
12	85	90	Fine Silts w/Sand	☒
12	90	97	3/4 minus Sands w/ Grv Clay	☒
12	97	120	Fine Silts & Sand 400 gpm	☒
12	120	127	Silts w/ Gray Clay	☒
12	127	147	2" Minus Gravel w/ Sand	☒
8	147	185	Broken Sandstone / Colored Shale	☒
8	185	190	Hrd Pan Brown Clay	☒
8	190	203	Hrd Pan Grey Clay	☒
8	203	245	Brk Colored Sandstone 25 gpm	☒

RECEIVED

FEB 11 2008

IDWR/North

Completed Depth 245 (Measurable)
 Date Started 10/29/2007 Completed 1/16/2008

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 F2B Well Services, Inc. Firm No. 448
 Firm Official _____ Date 1-30-08
 and _____
 Supervisor or Operator _____ Date 1/19/2008
 Halterman/McLesli (Sign Once if Firm Official and Operator)