

60

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

841430

Office Use Only				
Well ID No.	411704			
Inspected by				
Twp	Rge	Sec		
1/4	1/4	1/4		
Lat:	:	Long:	:	:

1. WELL TAG NO. D D0047143
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name EAGLE NAZARENE CHURCH
Address 1001 W. STATE ST.
City EAGLE State ID. Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4 North or South
Rge. 1 East or West
Sec. 8 SE 1/4 SW 1/4 SW 1/4
Gov't Lot _____
County ADA
Lat: _____ Long: _____
Address of Well Site 1161 W. STATE ST.
City EAGLE

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/8 BENTONITE</u>	<u>0</u>	<u>18</u>	<u>1000 lbs.</u>	<u>10' OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 119'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>119</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>116</u>	<u>121</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>131</u>	<u>132</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5' Length of Tailpipe 1.4'
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation JOHNSON / DEEP IN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>121</u>	<u>131</u>	<u>.018</u>	<u>304</u>	<u>5"</u>	<u>SS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
12 ft. below ground Artesian pressure _____ ft.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>130</u>			<u>1/2 hr.</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>10</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>10</u>	<u>18</u>	<u>GRAVEL</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>18</u>	<u>50</u>	<u>GRAVEL</u>	<input checked="" type="checkbox"/>	
	<u>50</u>	<u>65</u>	<u>CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>65</u>	<u>71</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
	<u>71</u>	<u>96</u>	<u>SANDY CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>96</u>	<u>106</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>106</u>	<u>115</u>	<u>SANDY CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>115</u>	<u>121</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>121</u>	<u>132</u>	<u>COARSE SAND</u>	<input checked="" type="checkbox"/>	

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AUG 23 2006
WATER RESOURCES
WESTERN REGION

Completed Depth 132' (Measurable)
Date: Started 8/16/06 Completed 8/17/06

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 D P W D Firm No. 332
Principal Driller and Operator I [Signature] Date 8/17/06
Driller or Operator II _____ Date _____
Operator I [Signature] Date 8/17/06
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO 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 00029325
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

798813

2. OWNER:
 Name RUTH WARD (HEATHER MARK)
 Address 379 PARK
 City EAGLE State ID. Zip 83616

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40</u>			<u>1 hr.</u>

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 4 North or South
 Rge. 1 East or West
 Sec. 8 NW 1/4 SE 1/4
 Gov't Lot _____ County ADA 160 acres
 Lat. : : Long. : :
 Address of Well Site SAME

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

(Give street name of road - Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
10"	0	1	TOP SOIL		X
	1	19	SANDY BRN. CLAY		X
	19	21	GRAVEL	X	
6'	21	38	GRAVEL	X	
	38	40	BRN. CLAY		X
	40	54	SAND W/CLAY STRKS.	X	
	54	62	BRN. CLAY		X
	62	75	BRN. CLAY W/SAND STRKS	X	
	75	78	BRN. CLAY		X
	78	82	FINE SAND	X	
	82	86	BRN. CLAY		X
	86	87	SAND	X	
	87	116	BRN. CLAY		X
	116	128	COARSE SAND	X	

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
<u>BENTONITE</u>	<u>0</u>	<u>21</u>	<u>900 lbs</u>	<u>OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 82'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1 1/2</u>	<u>82</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4 1/2"</u>	<u>68</u>	<u>108</u>	<u>80</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 40' Length of Tailpipe N/A
 Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation PVC - DROP IN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>108</u>	<u>128</u>	<u>.020</u>	<u>80</u>	<u>4 1/2"</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
15 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

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APR 16 2003

WATER RESOURCES
WESTERN REGION

Completed Depth 128' (Measurable)
 Date: Started 4/11/03 Completed 4/14/03

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 DEANIS PHIPPS WELL DRILLING INC. Firm No. 332
 Principal Driller Mark Phipps Date 4/14/03
 and Driller or Operator II David McLean Date 4/14/03
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only	
Well ID No.	808/26
Inspected by	
Twp	Rge Sec
1/4	1/4 1/4
Lat: : : Long: : :	

1. WELL TAG NO. D D0030601
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name JIM & LINDA EVERETT
 Address 10945 W. JANIE RD.
 City BOISE State ID. Zip 83703

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 4 North or South
 Rge. 1 East or West
 Sec. 3 NE 1/4 NE 1/4 1/4
 Gov't Lot _____
 Lat: : : Long: : :
 Address of Well Site SAME City _____
(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 _____

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	40	950 lb	12" OVERBORE

Was drive shoe used? Y N Shoe Depth[s] 62'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	0	62	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 1/2"	10	120	40	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 110' Length of Tailpipe _____
 Packer Y N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation PVC SLOTTED / SAND PACKED

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
120	260	.020	40	4 1/2"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
10/20 SAND	19	260	51650 lb	8" OVERBORE / PAWED

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10	210	210	24 hrs.
6	110	210	24 hrs.

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
12"	0	2	TOP SOIL		X
	2	20	WET SAND		X
8"	20	55	SANDY CLAY		X
	55	180	BLUE CLAY		X
	180	215	BLUE CLAY w/SAND STRKS.	X	
	215	260	BLUE CLAY w/SAND STRKS.	X	

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 NOV 06 2003
 WATER RESOURCES
 WESTERN REGION

Completed Depth 260' (Measurable)
 Date Started 10/21/03 Completed 10/29/03

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 DENNIS Phipps WELL DRILLING INC. Firm No. 332
 Principal Driller [Signature] Date 10-30-03
 and
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

766188

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat : : _____	Long: : : _____		_____

1. WELL TAG NO. D 00 15566
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:
 Name Roy Harris
 Address 2683 Shewouse
 City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

N		X							
W									E
S									

Twp. 4 North or South
 Rge. 1 East or West
 Sec. 3 NW 1/4 NE 1/4 _____ 1/4
 Gov't Lot _____ County Ada 160 acres
 Lat : : _____ Long: : : _____
 Address of Well Site SAME
 City _____

(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 _____

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT		METHOD
	From	To	
Benitec	0	20	500 Poun

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
8	+1	28	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 1/2	14	94	.250	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 80 Length of Tailpipe 0

9. PERFORATIONS/SCREENS
 Perforations Method PVC
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
94	194	.020		4 1/2	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
6.5 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: well seal

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7.5			4

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____
 Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	0	2	Top Soil		<input checked="" type="checkbox"/>
	2	18	SANDY brown clay		<input checked="" type="checkbox"/>
	18	34	Brown SAND/clay		<input checked="" type="checkbox"/>
	34	52	Black SAND-clay		<input checked="" type="checkbox"/>
	52	68	Brown SAND/clay		<input checked="" type="checkbox"/>
	68	194	Blue SANDY Clay - SAND		<input checked="" type="checkbox"/>

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 NOV 08 2000
 WATER RESOURCES
 WESTERN REGION

Completed Depth 194 (Measurable)
 Date: Started 8-18-00 Completed 8-22-00

13. DRILLER'S CERTIFICATION
 I/we certify that all minimum well construction standards were complied with at
DENNIS PHIPPS WELL DRILLING, INC.
 2063 BENTLEY AVE.
 Company MERIDIAN, IDAHO 83842 Firm No. 332
 Firm Official De Phipps Date 8-28-00
 and
 Driller or Operator Mark Phipps Date 8-28-00
(Sign once if Firm Official & Operator)

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851308

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

Office Use Only
Well ID No. 421109
Inspected by _____
Twp. 1/4 Rge. 1/4 Sec. 1/4
Lat. : : Long. : :

1. WELL TAG NO. D D0052834

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER

Name William George

Address 2636 Edgewood Rd.

City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:

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

Twp. 4 North or South

Rge. 1 East or West

Sec. 3 NW 1/4 40 acres NW 1/4 40 acres NE 1/4 160 acres

Gov't Lot _____ County Ada

Lat: 43:43:195"N Long: 116:20:030"W

Address of Well Site Same

City Eagle

Lot 1 Blk. 2 Sub. Name Rocketbar

4. USE:

Domestic Municipal Monitor Irrigation

Thermal Injection Other

5. TYPE OF WORK check all that apply (Replacement etc.)

New Well Modify Abandonment Other 6" Well

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	18	400 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 150'

Was drive shoe seal tested? Y N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	2	150	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	146	151	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	161	163	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0

Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
151	161	.020	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

48 ft. below ground Artesian pressure _____ lb.

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
35 GPM			1 HR.

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
10"	0	2	Top Soil	X
	2	14	Sandy Brown Clay	X
	14	18	Dry Brown Sand	X
6"	18	20	Dry Brown Sand	X
	20	22	Sand & Gravel	X
	22	27	Sandy Brown Clay	X
	27	52	Sand & Gravel	X
	52	55	Sand	X
	55	75	Brown Sandy Clay	X
	75	97	Red Sand	X
	97	123	Sandy Brown Clay	X
	123	125	Muddy Sand	X
	125	136	Sandy Brown Clay	X
	136	148	Fine Brown Sand	X
	148	150	Sandy Brown Clay	X
	150	152	Coarse Sand	X
	152	157	Coarse Sand w/Clay	X
	157	159	Coarse Sand	X
	159	163	Brown Clay	X

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MAY 14 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 163' (Measurable)

Date: Started 5/2/08 Completed 5/8/08

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 Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller _____ Date 5/9/08

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On-A-Disk - (214) 340-9429 - www.FormsOnADisk.com

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IDAHO 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 25995
 DRILLING PERMIT NO. 874848-789292
 Water Right or Injection Well No. _____

789292
 12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Dawdown	Pumping Level	Time
90			1

2. OWNER:
 Name Olavi Beal
 Address 2242 Edgewood.
 City Engle State ID Zip 83616

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 4 North or South
 Rge. 1 East or West
 Sec. 3 SW 1/4 NW 1/4 SE 1/4 1/4
 Gov't Lot _____ County Ada
 Lat: _____ Long: _____
 Address of Well Site Same City _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____
 Depth first Water Encounter _____

Li. _____ Blk. _____ Sub. Name _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	Top Soil		X
	2	16	SAND		X
	16	20	Brown clay		X
8	20	80	SAND - Gravel		X
	80	137	Coarse Brown SAND	X	
	137	147	Brown clay	X	
	147	157	Fine SAND - Clay	X	

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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

Seal Material	From	To	Weight/Volume	Seal Placement Method
Bentonite	0	20	1000	Overbore.

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
8	1	142	.25	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	137	147	.250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	157	168	.25	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 14' 3" Length of Tailpipe 1'
 Packer Y N Type Rubber

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation Strainless - Blow Down

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
147	157	.025		8" ID	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
37 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices:
Well Seal

Completed Depth 158 (Measurable)
 Date: Started 11-21-02 Completed 11-26-02

14. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the **DENNIS PHIPPS WELL DRILLING, INC.**
 2068 BENTLEY AVE.
 Company Name MERIDIAN, IDAHO 83642 Firm No. 332
 Principal Driller and Driller or Operator II [Signature] Date 12-1-02
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only	
Well ID No.	808858
Inspected by	
Twp	Rge Sec
	1/4 1/4 1/4
Lat	Long
:	:

1. WELL TAG NO. D 0030542
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Hayle Chasing
 Address 19505 Jordie Rd
 City Boise State Id. Zip 83703

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 4 North or South
 Rge. 1 East or West
 Sec. 2 SW 1/4 NW 1/4 SE 1/4
 Gov't Lot _____
 Let: : : Long: : :
 Address of Well Site Same as above
 City _____

(Give at least name of road or 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 _____

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method

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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
79 ft. below ground Artesian pressure. _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
10 GPM	300 ft	420 ft	2 Days

Water Temp. 50° Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____
 Depth first Water Encounter 524 ft Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6	300	393	Dark Gray Clay		✓
6	393	523	Gray Clay		✓
6	523	529	Light Sand	✓	
6	529	533	Light Gray Clay		✓
6	533	525	Light Gray Clay		✓

RECEIVED
 DEC 12 2003
 WATER RESOURCES
 WESTERN REGION

Completed Depth 565 ft (Measurable)
 Date: Started 11/7/03 Completed 11/14/03

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 Boise Valley Pump & Drilling Firm No. 207
 Principal Driller Ron S. ... Date 12/12/03
 and Driller or Operator II Avery R. ... Date 12/12/03
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 799908
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0029434
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name DARRELL FUGATE
Address 1571 BALLANTYNE W.
City EAGLE State IN Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk. Sub. or Directions to well.
Twp. 4 North or South
Rge. 1 East or West
Sec. 6 NE 1/4 SW 1/4 SE 1/4 NW 1/4
Gov't Lot _____ of _____ 160 acres
County AKA
Lat: : : Long: : :
Address of Well Site SAME
City EAGLE

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other REPLACE 4" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	19	800 lbs.	OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 96'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	112	96	25	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	93	98	28	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	108	111	28	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5' Length of Tailpipe 3'
Packer Y N Type RUBBER V-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation JOHNSON / PULLBACK

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
98	108	.020	304	5"	STAINLESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
30 ft. below ground Artesian pressure _____ b.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
60			1 hr.

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: IRON - .8 ; HARDNESS - 160 mg/L
Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2	TOP SOIL		X
	2	17	BRA. CLAY		X
	17	19	SAND & GRAVEL		X
10"	19	46	SAND & GRAVEL	X	
	46	50	BRA. CLAY		X
	50	57	COARSE BRA. SAND	X	
	57	84	BRA. CLAY w/ SAND	X	
	84	109	COARSE WHITE SAND	X	
	109	111	BRA. CLAY		X

RECEIVED
MAY 06 2003
WATER RESOURCES
WESTERN REGION

Completed Depth 111' (Measurable)
Date: Started 4/20/03 Completed 5/1/03

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 DEANIS PHIPPS WELL DRILLING INC Firm No. 332
Principal Driller Mark Phipps Date 5/6/03
and Driller or Operator II David K. Phipps Date 5-6-03
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 820204
Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 _____ 1/4 _____ 1/4 _____
Lat. : : Long. : : :

1. WELL TAG NO. D 0031269
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name John Purnell
Address 1510 Ballentine
City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4 North or South
Rge. 1 East or West
Sec. 6 1/4 NE 1/4 SW 1/4
Gov't Lot _____
County Ada
Lat. : : Long. : :
Address of Well Site 1510 Ballentine
City Eagle
(Give at least name of road - Distance to Road or Lineament)
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 old well went dry

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>1000#</u>	<u>overbore</u>

Was drive shoe used? Y N Shoe Depth(s) 101'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>107</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 12' Length of Tailpipe _____
Packer Y N Type R Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Niagara Washdown

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>109</u>	<u>114</u>	<u>1000</u>		<u>5"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
20 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
well cap

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>100+</u>			<u>1/2 hour</u>

Water Temp. 59° Bottom hole temp. _____
Water Quality test or comments: Iron, 5 or less P# 7.5
Grains 6 Depth first Water Encounter 20'

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>3</u>	<u>top soil</u>		
<u>6</u>	<u>3</u>	<u>20</u>	<u>gravel</u>		
<u>6</u>	<u>20</u>	<u>45</u>	<u>gravel</u>		X
<u>6</u>	<u>45</u>	<u>51</u>	<u>clay & sand</u>		X
<u>6</u>	<u>51</u>	<u>60</u>	<u>sand</u>		X
<u>6</u>	<u>60</u>	<u>73</u>	<u>clay</u>		
<u>6</u>	<u>73</u>	<u>100</u>	<u>clay & sand</u>		X
<u>6</u>	<u>104</u>	<u>108</u>	<u>clay</u>		
<u>6</u>	<u>108</u>	<u>114</u>	<u>sand</u>		X

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JUL 26 2004
WATER RESOURCES
WESTERN REGION

Completed Depth 114' (Measurable)
Date: Started 7-15-04 Completed 7-16-04

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 ABC Well Drilling Firm No. 621
Principal Driller Andy Payne Date 7-19-04
and Driller or Operator II ANDY PAYNE Date 7-19-04
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

103

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

832869

Office Use Only
Well ID No. 408454
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0039075
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name TAVIS REUCHE
Address 850 RUSH W.
City ENGLE State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4 North or South
Rge. 1 East or West
Sec. 5 SW 1/4 NW 1/4 NE 1/4 SE 1/4
Gov't Lot _____
County ADAMS T14 acres 1/4
Lat: : : Long: : :
Address of Well Site SAME

(Give at least name of road & distance to Road or Landmark)
City _____
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 6" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	21	650 lbs	10" OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 138'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	138	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	135	140	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	150	152	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.1
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation JOHNSON / DRIP IN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	150	.020	304	5"	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
50 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100+			1 1/2 hr.

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2 TOP SOIL		X
	2	21 SANDY CLAY		X
6"	21	26 SANDY CLAY		X
	26	51 GRAVEL		X
	51	56 BEN. CLAY		X
	56	60 RED SAND	X	
	60	118 SANDY CLAY w/SAND	X	
	118	121 COARSE SAND	X	
	121	136 SANDY CLAY w/SAND	X	
	136	140 SANDY CLAY		X
	140	152 COARSE WHITE SAND	X	

RECEIVED
MAY 19 2005
WATER RESOURCES
WESTERN REGION

Completed Depth 152' (Measurable)
Date: Started 4/27/05 Completed 4/28/05

14. DRILLER'S CERTIFICATION

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

Company Name DENNIS AMPERS WELL DRILLING INC. Firm No. 332

Principal Driller [Signature] Date 4/29/05

Driller or Operator II [Signature] Date 4-29/05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

870629-775919

Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by	_____	
Twp	Rge	Sec
1/4	1/4	1/4
Lat	:	Long
:	:	:

1. WELL TAG NO. D 0019740
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER: Paul Freeman
Name _____
Address 1440 W. Rush Rd
City Eagle State ID Zip 83606

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N	
Twp. <u>4</u> North <input checked="" type="checkbox"/> or South <input type="checkbox"/>	
Rge. <u>1</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
Sec. <u>5</u> SE 1/4 NW 1/4 _____ 1/4	
Gov't Lot _____ County <u>Ada</u>	
Lat _____ Long _____	
Address of Well Site <u>1440 W. Rush Rd</u>	
City <u>Eagle</u>	

(Circle at least name of road or 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 _____

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u> <u>30</u>	<u>700</u>	<u>2</u>	<u>overbore</u>

Was drive shoe used? N Shoe Depth(s) 95'
Was drive shoe seal tested? N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>T2</u>	<u>95</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 10 Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method wash down
Screens Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>96</u>	<u>101</u>	<u>120</u>		<u>5"</u>	<u>30</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

38 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Customer's well cap

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>80</u>			<u>1 hour</u>

Water Temp. 60° Bottom hole temp. _____
Water Quality test or comments: From 5 to 75 PH 7.5
Grains 4 Depth first Water Encounter 50'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>5</u>	<u>top soil</u>		
<u>"</u>	<u>5</u>	<u>30</u>	<u>clay</u>		
<u>6</u>	<u>30</u>	<u>32</u>	<u>clay</u>		
<u>"</u>	<u>32</u>	<u>50</u>	<u>gravel</u>		
<u>"</u>	<u>50</u>	<u>55</u>	<u>Sand</u>		X
<u>"</u>	<u>55</u>	<u>64</u>	<u>Sand & gravel</u>		X
<u>"</u>	<u>64</u>	<u>72</u>	<u>clay</u>		
<u>"</u>	<u>72</u>	<u>84</u>	<u>Sand</u>		X
<u>"</u>	<u>84</u>	<u>86</u>	<u>clay</u>		
<u>"</u>	<u>86</u>	<u>93</u>	<u>Sand</u>		X
<u>"</u>	<u>93</u>	<u>94</u>	<u>clay</u>		
<u>"</u>	<u>94</u>	<u>101</u>	<u>Sand</u>		Y

RECEIVED

APR 03 2002

WATER RESOURCES
WESTERN REGION

Completed Depth 101' (Measurable)
Date Started 3-30-02 Completed 3-30-02

13. DRILLER'S CERTIFICATION

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

Company Name Edamson Pump & Drill Firm No. 0457

Firm Official Dave Edamson Date 4-1-02

and
Driller or Operator Andy Page Date 4-1-02
(Sign once if Firm Official & Operator)

776067
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by _____	_____	
Twp _____	Rge _____	Sec _____
1/4 1/4 1/4		
Lat: : : _____	Long: : : _____	

1. WELL TAG NO. D 19810
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:
 Name Larry Brunetti
 Address 624 Los Luceros
 City Eagle State ID Zip 83616

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

N W E S	X	Twp. <u>5</u> North <input checked="" type="checkbox"/> or South <input type="checkbox"/>
		Rge. <u>1</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>
		Sec. <u>4</u> 1/4 <u>SE</u> 1/4 <u>NE</u> 1/4
		Gov't Lot _____ County <u>ADW</u>
		Lat: _____ Long: _____
		Address of Well Site <u>624 Los Luceros</u> City <u>Eagle</u>

LL _____ Bk _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	700	Barbore.

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	99	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	92	97	250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	107	110	250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5' Length of Tailpipe 2' 6"

9. PERFORATIONS/SCREENS

Perforations _____ Method Blow Down
 Screens Screen Type 304 Stainless

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
97	107	020		5	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

42 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Well Seal

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
90			1

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Top Soil		X
	2	12	Brown clay		X
	12	18	Gravel		X
	18	54	Gravel		X
	54	72	Brown clay		X
	72	81	SAND - clay streaks	X	
	81	97	Brown clay		X
	97	110	course SAND	X	

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JUN 10 2002

WATER RESOURCES
WESTERN REGION

Completed Depth 110 (Measurable)

Date: Started 4-10-02 Completed 4-11-02

13. DRILLER'S CERTIFICATION

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

Company Name _____ Firm No. 332

Firm Official [Signature] Date 5-1-02

and Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

63

850702

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	420526		
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0052627
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name David O'Neal
Address 5735 N. Willow Creek Rd.
City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 29 NW 1/4 NE 1/4 1/4
Gov't Lot 2 County Ada
Lat: _____ Long: _____
Address of Well Site 5735 N. Willow Creek Rd.
City Eagle

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (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
Pure Gold Bent 0 18 600lbs 10" over bore
dry pour
Was drive shoe used? Y N Shoe Depth(s) 331.8
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:
Diameter From To Gauge Material Casing Liner Welded Threaded
6 72 331.8 2.50 Steel
Length of Headpipe 544 Length of Tailpipe 0
Packer Y N Type 3-Rib

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation Johnson/Kwash Dbl Valve
From To Slot Size Number Diameter Material Casing Liner
322 332 10 6" Tele S.S.

10. FILTER PACK
Filter Material From To Weight/Volume Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
218 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
San. Seal well cap

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40</u>		<u>325'</u>	<u>3/15</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: Good clear color no
Sulfur smell Depth first Water Encounter 281'

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	Top Soil		X
10	3	21	Tan clay		X
10	21	40	Brown clay		X
10	40	45	Brown Sandy clay		X
10	45	62	Brown clay		X
10	62	77	Brown Sandy clay		X
10	77	86	Brown clay		X
10	86	115	Tan clay		X
10	115	132	Sandy clay (Tan)		X
10	132	169	Brown clay		X
10	169	171	Sandy clay		X
10	171	184	Tan clay		X
10	184	203	Brown clay		X
10	203	218	Sandy clay (Tan)		X
10	218	232	Tan clay		X
10	232	254	Brown clay		X
10	254	256	Blue clay		X
10	256	268	Brown clay		X
10	268	281	Tan clay		X
10	281	286	Sand (orange color)		X
10	286	288	Brown clay		X
10	288	299	Sand (orange color)		X
10	299	309	Blue clay		X
10	309	316	Fine Sand (Blue gray color)		X
10	316	321	Blue clay		X
10	321	332	Fine Sand (Blue gray color)		X

RECEIVED JUN 19 2008 WATER RESOURCES WESTERN REGION

Casing drove hard all the way thru the clays. Had casing hammer problems.

Completed Depth 332ft. (Measurable)
Date: Started 2/19/08 Completed 3/8/08

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 Precision Well Drilling Inc Firm No. 527
Principal Driller Jeff Larson Date 3/9/08
and _____ Date _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

852872

Office Use Only		
Well ID No.	722623	
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat: : : Long: : :		

1. WELL TAG NO. D 0053085
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Rick Wasycki
 Address 3070 W. Homer Rd
 City Cagle State Ida Zip 83616

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 30 SW 1/4 SE 1/4 1/4
 Gov't Lot _____ County Ada TRW acres _____
 Lat: : : Long: : :
 Address of Well Site same as above City _____

(Show street name of road - Distance to Road or Landmark)
 Lt. 8 Blk. _____ Sub. Name Skyline Acres Sub
Unit #1

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0'</u>	<u>20'</u>	<u>18 Bags</u>	<u>Overbone 10in.</u>

Was drive shoe used? Y N Shoe Depth(s) 279ft in.
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>3'</u>	<u>279'</u>	<u>25P</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>270'</u>	<u>321'</u>	<u>18P</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>284'</u>	<u>365'</u>	<u>18P</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 10' 5" Length of Tailpipe 3'
 Packer Y N Type Figure 8

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
 Screen Type & Method of Installation Johnson Steinhilf Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>281'</u>	<u>306'</u>	<u>25</u>		<u>5in</u>	<u>Satted</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
133 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100 GPM</u>	<u>(0in)</u>	<u>283'</u>	<u>2 hrs</u>
<u>256 GPM</u>	<u>10 ft</u>	<u>310'</u>	<u>1 Hour</u>

Water Temp. _____ Bottom hole temp. 57°
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Core Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2	Top Soil		✓
10"	2	15	Sandy Brown Clay		✓
10"	15	25	Broken Sand		✓
6"	25	27	Sandy Brown Clay		✓
6"	27	28	Broken Sand		✓
6"	28	115	Sandy light Brown Clay		✓
6"	115	132	Sand & gravel		✓
6"	132	157	Sandy light Brown Clay		✓
6"	157	163	Broken Sand (fine)	✓	
6"	163	182	Sandy Blue Shale		✓
6"	182	192	Broken Sand (fine)	✓	
6"	192	203	Sand Stone big gravel	✓	
6"	203	204	Sandy light Brown Clay		✓
6"	204	208	Muddy Sand	✓	
6"	208	245	Mixture of Clay & sand	✓	
6"	245	264	light Brown Sand some coarse	✓	
6"	264	279	light Brown sandstone	✓	✓
6"	279	288	light brown coarse sandstone fine gravel	✓	

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SEP 29 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 288ft (Measurable)
 Date: Started 8/21/08 Completed 9/12/08

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 Boise Valley Pumps & Drilling Firm No. 207
 Principal Driller Ron Wasycki Date 9-29-08
 and Driller or Operator II Gary R. Fulton Date 9/29/08
 Operator I Mike P. Murphy Date 9/29/08
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

844673
Office Use Only
Well ID No. 305541
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 00047194
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Jerry Kewlman
Address 4831 Skyline Dr.
City Eagle State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 30 SW 1/4 SE 1/4
Gov't Lot _____
County Ada
Lat: : : Long: : :
Address of Well Site SAME

U. _____ 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 _____

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>N/A</u>				

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
<u>6</u>	<u>014</u>	<u>309</u>	<u>.250</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<u>309</u>	<u>326</u>	<u>020</u>		<u>4 1/2</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
200 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>30</u>		<u>252</u>	<u>12</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
			<u>N/A</u>		

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SEP 07 2006
WATER RESOURCES
WESTERN REGION

Completed Depth 326 (Measurable)
Date: Started 8-24-06 Completed 8-30-06

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 DPW D Firm No. 332
Principal Driller Don McJern Date 8/31/06
and
Driller or Operator II _____ Date _____
Operator I Don McJern Date 8/31/06
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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63

853471

Form 238-7
3/95-C96

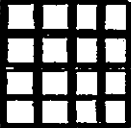
IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only
 Inspected by _____
 Twp. 1/4 Rge. 1/4 Sec. 1/4
 Lat: _____ Long: _____

1. DRILLING PERMIT NO. _____
Other IDWR No. D0053094

2. OWNER:
Name Charles & Joy Roberts
Address 2000 W. Homer Rd.
City Eagle State ID Zip 83616

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location

W  E
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 30 SW 1/4 SE 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't lot _____ County Ada

Lat: 43:44:149 Long: 116:22:749
Address of Well Site 2000 Homer Rd.
City Eagle
(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

Material	SEAL/FILTER PACK		Sacks or Pounds	METHOD
	From	To		
bentonite	0	18	500 lbs.	poured
silica sand	260	284	250 lbs.	poured

Was drive shoe used? Y N Shoe Depth(s) 174
Was drive shoe seal tested? Y N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	174	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	12	274	C.40	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type pvc

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
274	284	.20		4	pvc	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

134ft. below ground Artesian Pressure _____ lb
Depth flow encountered 271 ft. Describe access port or control devices: well cap

11. WELL TESTS:

Pump Bailor Fan Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
60		260	1 hour

Water Temp. 56 Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 130

12. LITHOLOGIC LOG: (Describe repairs or abandonment)
Water

Bore no.	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
10	0	3	top soil		
10	3	5	hard pan		
10	5	11	brown clay		
10	11	18	brown sandy clay		
6	18	33	brown sandy clay		
6	33	42	tan sand		
6	42	115	tan sand & clay strips		
6	115	134	gravel		
6	134	161	tan clay		
6	161	163	tan sand		
6	163	175	tan clay		
6	175	177	blue clay		
6	177	183	medium & large sand		
6	183	192	large sand		
6	192	195	sandy tan clay		
6	195	203	large sand		
6	203	205	tan sandy clay		
6	205	211	light red & tan sand		
6	211	214	tan clay		
6	214	225	medium to fine red sand		
6	225	228	light brown clay		
6	228	271	red & tan sand with thin clay strips		
6	271	284	sand stone		

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SEP 24 2008

WATER RESOURCES
WESTERN REGION

Completed Depth: 284 (Measurable)
Date: Started 9-16-08 Completed 9-17-08

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 Waterpro Well Drilling Inc Firm No. 626

Firm Official Monte Post Date 9-21-08

Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 9/21/2008 Time: 9:58:01 PM

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

792807

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

1. WELL TAG NO. D 0029110
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Armin Hestler
 Address 4940 N. Spring Lane
 City Eagle State Id Zip 83614

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 30 NE 1/4 SE 1/4
 Gov't Lot _____ County Ada 100 acres 1/4
 Lat _____ Long _____
 Address of Well Site 4940 N. Spring Lane
 City Eagle
(Use of least name of road - Distance to Road or Landmark)
 Lt. 6 Blk. 1 Sub. Name Talon Ridge

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (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
original seal			used	

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"	341	435	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer Y N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
 Screen Type & Method of Installation Johnson washdown

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
430	435	1020		5"	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
220 ft. below ground Artesian pressure _____ ft.
 Depth flow encountered _____ ft. Describe access port or control devices:
well cap

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100+			1 hour

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: Fresh 4.5 pH 7.5
Armins 5 Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
			removed PVC liner & extended casing & installed SS screen		
6"	341	426	Sandy clay & sand	X	
	426	428	clay		
	428	435	Sand	X	

Completed Depth 435 (Measurable)
 Date: Started 2-18-03 Completed 2-24-03

14. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Edmondson Pump & Drilling firm No. 457
 Principal Driller Dave Edmondson Date 2-26-03
 and Driller or Operator II Dave Edmondson Date 2-26-03
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

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848006

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only		
Well ID No.	417953	
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat: : :	Long: : :	

1. WELL TAG NO. D D0052068
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. 63-7742

2. OWNER:
 Name ROBERT JONES
 Address 2183 HOMER RD.
 City EAGLE State ID. Zip 83616

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 31 NW 1/4 NE 1/4 _____ 1/4
 Gov't Lot _____ ADA _____
 Lat: 43° 44' 093" N Long: 116° 22' 899" W
 Address of Well Site SAME
 City EAGLE

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other old 8"

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8BENTONITE	0	23	750lbs.	12"OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 237'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1 1/2	237	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	232	239	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	249	250	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 7.6 Length of Tailpipe 1.0
 Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation JOHNSON/WASHDOWN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
239	249	.015	304	5	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
120 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bafer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
150			1/2 HR.

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	TOP SOIL		X
7	2	23	BROWN CLAY		X
8	23	105	SANDY BROWN CLAY		X
105	116		GRAVEL		X
116	142		BROWN CLAY		X
142	201		CLAY w/SAND STREAKS	X	
201	206		COARSE SAND	X	
206	219		CLAY w/SAND	X	
219	225		SAND	X	
225	234		SANDY CLAY		X
234	235		BLUE CLAY		X
235	237		BROWN CLAY		X
237	250		COARSE SAND	X	

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JUL 27 2007

WATER RESOURCES
WESTERN REGION

Completed Depth 250' (Measurable)
 Date: Started 7/19/07 Completed 7/25/07

14. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name D P W D Firm No. 332
 Principal Driller [Signature] Date 7/26/07
 and
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

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

851397
Office Use Only
Well ID No. 421198
Inspected by _____
Twp. 1/4 Rge. 1/4 Sec. 1/4
Lat: : : Long: : :

1. WELL TAG NO. D D0052837

DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER

Name Larry Christensen
Address 3472 N. Ballantyne Rd.
City Eagle State Id _____ Zip 83616

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 31 NE 1/4 SE 1/4 _____
Gor't Lot _____ County Ada
Lat: 43:43:571"N Long: 116:22:750"W
Address of Well Site Same
City Eagle

Lt. 9 Blk. 1 Sub. Name Christensen

4. USE:

Domestic Municipal Monitor Irrigation
 Thermal Injection Other

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other 4" Well

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	18	550 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 196'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	1.5	196	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	192	197	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	207	209	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0
Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
197	207	.020	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
30 GPM			1.5 HRS.

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	Y	N
10"	0	2	Top Soil		X
	2	18	Sandy Brown Clay		X
6"	18	85	Sandy Brown Clay		X
	85	98	Gravel		X
	98	100	Brown Clay		X
	100	135	Sand w/ Clay Streaks	X	
	135	156	Clay w/ Sand Streaks	X	
	156	159	Brown Clay		X
	159	168	Sand		X
	168	176	Clay w/ Sand Streaks		X
	176	180	Blue Clay		X
	180	189	Sand		X
	189	199	Brown Clay		X
	199	208	Coarse Sand		X
	208	209	Brown Clay		X

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MAY 14 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 209' (Measurable)
Date: Started 5/9/08 Completed 5/12/08

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller [Signature] Date 5/13/08
and
Driller or Operator II [Signature] Date 5/13/08
Operator I [Signature] Date 5/13/08
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On-A-Disk (214) 340-9429 - www.FormsOnADisk.com

27

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

769784

Office Use Only
Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 _____ 1/4 _____ 1/4 _____
Lat. : : Long. : :

1. WELL TAG NO. D 18711
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Matt Marsh
Address 4139 Balistine
City EAgle State ID Zip 83616

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

Twp. 5 North or South
Rge. 1 East or West
Sec. 31 SE 1/4 NE 1/4
Gov't Lot _____ County Ada
Lat. : : Long. : :
Address of Well Site 4139 Balistine
City EAgle

Lt. _____ Bk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply
 New Well Modify Abandonment (Replacement etc.)
 Owner

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
<u>Bentonite</u>	<u>0 18</u>	<u>500</u>	<u>Over to RE</u>	

Was drive shoe used? N Shoe Depth(s) _____
Was drive shoe seal tested? N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1</u>	<u>233</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>225</u>	<u>233</u>	<u>258</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>238</u>	<u>240</u>	<u>258</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 7' 9" Length of Tailpipe 2' 4"

9. PERFORATIONS/SCREENS
Perforations Method Pull Back
Screens Screen Type 304 Stainless

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>233</u>	<u>238</u>	<u>018</u>		<u>5</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
115 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: well seal

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>60</u>			<u>1</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>18</u>	<u>SANDY clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>92</u>	<u>SANDY clay</u>		<input checked="" type="checkbox"/>
	<u>92</u>	<u>120</u>	<u>Gravel</u>		<input checked="" type="checkbox"/>
	<u>120</u>	<u>132</u>	<u>blown clay</u>		<input checked="" type="checkbox"/>
	<u>132</u>	<u>197</u>	<u>SAND - clay streaks</u>		<input checked="" type="checkbox"/>
	<u>197</u>	<u>200</u>	<u>clay</u>		<input checked="" type="checkbox"/>
	<u>200</u>	<u>215</u>	<u>white (brown SAND) - clay</u>		<input checked="" type="checkbox"/>
	<u>215</u>	<u>238</u>	<u>clay - SAND streaks</u>		<input checked="" type="checkbox"/>
	<u>238</u>	<u>240</u>	<u>course SAND</u>		<input checked="" type="checkbox"/>

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SEP 13 2001
Department of Water Resources
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AUG 23 2001
WATER RESOURCES
WESTERN REGION

Completed Depth 240 (Measurable)
Date: Started 7-3-01 Completed 7-19-01

13. DRILLER'S CERTIFICATION
We, DAVID BENTLEY WELL DRILLING INC. certify that we have complied with all the laws of the State of Idaho.
MERIDIAN, IDAHO 83642

Company Name _____ Firm No. 332
Firm Official David Bentley Date 8-1-01
and
Driller or Operator Matt Marsh Date 8-1-01
(Sign once as Firm Official & Operator)

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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

839091

Office Use Only
Well ID No. 409435
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0042706
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name LONNIE MORRIS
Address 3875 N. BALLANTINE LN.
City EAGLE State ID. Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 31 1/4 _____ SW 1/4 _____ NE 1/4 _____
Gov't Lot _____
County BLAINE State ID. Zip 83616
Lat: : : Long: : :
Address of Well Site SAME
City EAGLE

(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 6" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/8 BENTONITE</u>	<u>0</u>	<u>20</u>	<u>1650 lbs.</u>	<u>10" OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 198'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2 1/2</u>	<u>198</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>196</u>	<u>207</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>217</u>	<u>218</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 11.0 Length of Tailpipe 1.0
Packer Y N Type RUBBER V-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation JOHANSON / WASHDOWN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>207</u>	<u>217</u>	<u>.020</u>	<u>304</u>	<u>5"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
90 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>70 +</u>			<u>1/2 hr.</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>20</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>20</u>	<u>93</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>93</u>	<u>105</u>	<u>GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>105</u>	<u>118</u>	<u>BRN. CLAY w/ SAND</u>	<input checked="" type="checkbox"/>	
	<u>118</u>	<u>151</u>	<u>BRN. SAND</u>	<input checked="" type="checkbox"/>	
	<u>151</u>	<u>170</u>	<u>BLUE SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>170</u>	<u>173</u>	<u>BRN. CLAY</u>		<input checked="" type="checkbox"/>
	<u>173</u>	<u>178</u>	<u>BRN. CLAY w/ SAND</u>	<input checked="" type="checkbox"/>	
	<u>178</u>	<u>181</u>	<u>BRN. SAND</u>	<input checked="" type="checkbox"/>	
	<u>181</u>	<u>194</u>	<u>BRN. CLAY w/ SAND</u>	<input checked="" type="checkbox"/>	
	<u>194</u>	<u>204</u>	<u>BRN. CLAY</u>		<input checked="" type="checkbox"/>
	<u>204</u>	<u>214</u>	<u>COARSE WHITE SAND</u>	<input checked="" type="checkbox"/>	
	<u>214</u>	<u>218</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>

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APR 13 2006

WATER RESOURCES
WESTERN REGION

Completed Depth 218' (Measurable)
Date: Started 4/16/06 Completed 4/10/06

14. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name D P W D Firm No. 332
Principal Driller Munk Date 4/11/06
and
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

27

Section 32

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

7169736

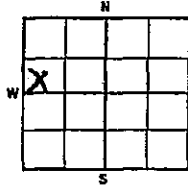
Office Use Only

Inspected by _____
Twp _____ Rge _____ Sec _____
 1/4 1/4 1/4
Lat: : : Long: : :
 Air Flowing Artesian

1. WELL TAG NO. D 0018663
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Gladys Jacobs
Address 3645 Osprey
City Eagle State ID Zip 83616

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.



Twp. 5 North or South
Rge. 1 East or West
Sec. _____ 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Ada
Lat: _____ Long: _____
Address of Well Site 3645 Osprey
City Eagle

(Give at least name of road - distance to road or landmark)
L1. _____ Bk. _____ 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/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
Bentonite	0 20	550LB		Overbore

Was drive shoe used? Y N Shoe Depth(s) 194
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	41.5	194	.25	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	189	194	.25	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5 ft Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
194	199	.020	-	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
101 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Pump Baller Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
656GPM	-	189	1 hour

Water Temp. 57° Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Start Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Top soil		
11	2	15	Sandy Clay		
12	15	20	SAND		
13	20	59	SAND		
14	59	70	Tan Clay		
15	70	96	Gravel		
16	96	102	Tan Clay		
17	102	118	SAND		X
18	118	121	Tan Clay		Y
19	121	139	SAND	Y	
20	139	145	Tan Clay		Y
21	145	170	Coarse SAND	Y	
22	170	175	Tan Clay		Y
23	175	190	SAND	Y	
24	190	194	Tan Clay		X
25	194	199	SAND	X	

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AUG - 3 2001

Department of Water Resources RECEIVED

JUL 17 2001

WATER RESOURCES
WESTERN REGION

Completed Depth 199 ft (Measurable)
Date: Started 6-29-01 Completed 7-11-01

13. DRILLER'S CERTIFICATION

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

Company Name Opense Well Drilling Firm No. 409
Firm Official James E. Coburn Date 7-11-01
and
Driller or Operator [Signature] Date 7-11-01
(Sign once if Firm Official & Operator)

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848484

Form 238-7
3/95-C96

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by	_____	
Twp	Rge	Sec
1/4	1/4	1/4
Lat: : :	Long: : :	

1. DRILLING PERMIT NO. 0-0-4-8213-
Other IDWR No. _____

2. OWNER:
Name Jill Kohler
Address 4005 N. Eagle Rd.
City Eagle State ID _____ Zip 83616

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location

N
W

 E
Twp. 5 North or South
Rge. 1 East or West
Sec. 32 1/4 SE 1/4 NE 1/4
70 acres 160 acres
S Gov't lot _____ County Ada

Lat: 43:43:895 Long: 116:21:328
Address of Well Site 4005 N. Eagle Rd.

City Eagle
(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 replace

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	260	80Sack	Dry Pour
Colorado Sand	260	300	64Sacks	Dry Pour

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
8"	+1	280	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	.025	—	6"	SS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
139ft below ground Artesian Pressure _____ lb
Depth flow encountered _____ ft Describe access port or control devices: _____

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
120GPM	100ft	252ft	24 hours

Water Temp. 57DegF Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 139'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water				
Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Y N
12"	0	2	Top Soil	
"	2	8	Brown Sandy Clay	
"	8	23	Coarse Sand	
"	23	37	Sandy Clay	
"	37	50	Coarse Sand	
"	50	59	Sandy Clay	
"	59	65	Sand	
"	65	94	Tan Clay	
"	94	96	Sand	
"	96	107	Sandy Clay	
"	107	112	Sand	
"	112	123	Tan Sandy Clay	
"	123	152	Gravel and Sand	
"	152	171	Tan Clay	
"	171	173	Sand	
"	173	195	Tan Clay	
"	195	199	Sand	
"	199	201	Tan Clay	
"	201	220	Sand	
"	220	241	Tan Clay	
"	241	260	Sand	
"	260	275	Tan Clay	
"	275	281	Sand	
"	281	282	Tan Clay	
"	282	284	Sand	
"	284	285	Tan Clay	
"	285	289	Sand	
"	289	293	Sandy Clay	
"	293	300	Sand	

Completed Depth: 300 (Measurable)
Date: Started 7-13-07 Completed 7-20-07

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 COONSE WELL DRILLING Firm No. 409
Firm Official [Signature] Date 7-27-07
Supervisor or Operator [Signature] Date 7-27-07
(Sign office if Firm Official & Operator)
Date: 7/27/2007 Time: 3:17:34 PM

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MAY 29 2001

WATER RESOURCES
WESTERN REGION

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

767512

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat : : Long : :

1. WELL TAG NO. D 15971
DRILLING PERMIT NO. 86-47-53 - 767512
Other IDWR No. _____

2. OWNER:
Name Eagle Pines Water Assn. & West Ridge Assn.
Address 1252 W. Meander Dr.
City Eagle State Id Zip 83416

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N		Twp. <u>5</u> North <input checked="" type="checkbox"/> or South <input type="checkbox"/>	
E		Rge. <u>1</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>32</u> NE 1/4 SW 1/4 NW 1/4	
W		Gov't Lot <u>6</u> County <u>Ada</u>	
		Lat: : : Long: : :	

Address of Well Site 1202 W. Osprey
Ridge, 1/8 mi north City Eagle
(Indicate at least name of road & distance to road or landmark)

LI. 6 Bk. 1 Sub. Name West Ridge

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other Replace

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
Bentonite	0 27	21 Sacks		Poured down annular space

Was drive shoe used? Y N Shoe Depth(s) 208'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
14"	1.5 208	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Factory JUN - 4 2001
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
117	197	1/4 x 3/8	2,560	14"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

112 ft. below ground Artesian pressure NA lb.
Depth flow encountered 135 ft. Describe access port or control devices: 2" pipe with gal. coupling & plug

11. WELL TESTS:

Pump Baller Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1000	10'	122' 7"	24 hrs

Water Temp. 65° Bottom hole temp. 65°
Water Quality test or comments: Cuts of sand at 1st then cleaned up
Depth first Water Encounter 133'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
20	0	3	Top Soil		<input checked="" type="checkbox"/>
18	3	19	Dirt		<input checked="" type="checkbox"/>
16	19	23	Dirt		<input checked="" type="checkbox"/>
16	23	27	Course white sand		<input checked="" type="checkbox"/>
15 1/2	27	101	Silty Brown clay		<input checked="" type="checkbox"/>
15 1/2	101	102	Blue clay		<input checked="" type="checkbox"/>
15 1/2	102	112	Yellow clay with gravels		<input checked="" type="checkbox"/>
15 1/2	112	125	Silty gravel & sand	<input checked="" type="checkbox"/>	
15 1/2	125	135	Yellow silty sand	<input checked="" type="checkbox"/>	
15 1/2	135	143	Course white sand	<input checked="" type="checkbox"/>	
15 1/2	143	155	course sand & fine gravels	<input checked="" type="checkbox"/>	
15 1/2	155	156	Yellow clay	<input checked="" type="checkbox"/>	
15 1/2	156	161	course sand	<input checked="" type="checkbox"/>	
15 1/2	161	162	Yellow clay	<input checked="" type="checkbox"/>	
15 1/2	162	165	course white sand	<input checked="" type="checkbox"/>	
15 1/2	165	167	Yellow clay	<input checked="" type="checkbox"/>	
15 1/2	167	171	Sand & fine gravel	<input checked="" type="checkbox"/>	
15 1/2	171	172	Yellow clay	<input checked="" type="checkbox"/>	
15 1/2	172	176	cut pile size gravel	<input checked="" type="checkbox"/>	
15 1/2	176	177	Yellow clay	<input checked="" type="checkbox"/>	
15 1/2	177	178	Course sand	<input checked="" type="checkbox"/>	
15 1/2	178	179	White clay	<input checked="" type="checkbox"/>	
15 1/2	179	180	Heavy medium sand	<input checked="" type="checkbox"/>	
15 1/2	180	181	Sticky white clay	<input checked="" type="checkbox"/>	
15 1/2	181	182	medium sand	<input checked="" type="checkbox"/>	
15 1/2	182	183	Sticky clay	<input checked="" type="checkbox"/>	
15 1/2	183	197	Sand & cut pile size gravel	<input checked="" type="checkbox"/>	
15 1/2	197	191	White clay	<input checked="" type="checkbox"/>	
15 1/2	191	192	course sand	<input checked="" type="checkbox"/>	
15 1/2	192	196	Firm white clay	<input checked="" type="checkbox"/>	
15 1/2	196	198	medium jelled sand	<input checked="" type="checkbox"/>	
15 1/2	198	207	white clay with coarse sand streak	<input checked="" type="checkbox"/>	
15 1/2	207	208	white clay, a little braille	<input checked="" type="checkbox"/>	

Completed _____ Date: Started 2-5-01 Completed 3-30-01
Depth clay & cement plug at 206' (Measurable)

13. DRILLER'S CERTIFICATION

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

Company Name A-Line Firm No. 566

Firm Official Russell A. Johnston Date 4-4-01

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

844703

Office Use Only
Well ID No. 414861
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0047409
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name BOB WOOD
Address 1380 MEANDER DR.
City EAGLE State ID Zip 83704

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 32 NW 1/4 SW 1/4
Gov't Lot _____ County ASA T60 acres _____
Lat: : : Long: : :
Address of Well Site SAME City EAGLE

Lt. 1 Blk. 3 Sub. Name Eagle Pines

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other 6" WELL

6. DRILL METHOD:
 Air-Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/8 BENTONITE</u>	<u>0</u>	<u>20</u>	<u>750 lb</u>	<u>10" OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 206
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1 1/2</u>	<u>206</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>203</u>	<u>208</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>218</u>	<u>220</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation SONKON / PULLBACK

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>208</u>	<u>218</u>	<u>.020</u>	<u>304</u>	<u>5"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
95 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40</u>			<u>1/2 hr</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____
Depth first Water Encounter _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>4</u>	<u>HARD PAN</u>		<input checked="" type="checkbox"/>
	<u>4</u>	<u>20</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>20</u>	<u>83</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>83</u>	<u>104</u>	<u>SAND & GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>104</u>	<u>120</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>120</u>	<u>141</u>	<u>SAND w/CLAY STRKS.</u>	<input checked="" type="checkbox"/>	
	<u>141</u>	<u>172</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
	<u>172</u>	<u>188</u>	<u>SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>188</u>	<u>191</u>	<u>SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>191</u>	<u>195</u>	<u>CLAY w/SAND STRKS.</u>	<input checked="" type="checkbox"/>	
	<u>195</u>	<u>201</u>	<u>SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>201</u>	<u>205</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>205</u>	<u>210</u>	<u>COARSE SAND</u>	<input checked="" type="checkbox"/>	
	<u>210</u>	<u>213</u>	<u>COARSE SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>213</u>	<u>220</u>	<u>COARSE SAND</u>	<input checked="" type="checkbox"/>	

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NOV 07 2006

WATER RESOURCES
WESTERN REGION

Completed Depth 220' (Measurable)

Date: Started 10/17/06 Completed 10/25/06

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 D P W O Firm No. 332

Principal Driller [Signature] Date 10-26-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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63
Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

851418

Office Use Only	
Well ID No.	421218
Inspected by	
Twp	Rge Sec
	1/4 1/4 1/4
Lat: : : Long: : :	

1. WELL TAG NO. D 0048320
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER: Bill Lawton
 Name _____
 Address 3145 Osprey Rd
 City Eagle State CO Zip 82686

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 32 1/4 SE 1/4 SW 1/4
 Gov'l Lot _____
 Lat: : : Long: : :
 Address of Well Site Same

(Show at least three of road or Section or Parcel or Landmark)
 L1. 5 Blk. 2 Sub. Name Eagle Pines City _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other _____

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Depth / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>650</u>	<u>OverBore</u>

Was drive shoe used? Y N Shoe Depth(s) 137'
 Was drive shoe seal tested? Y N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>12</u>	<u>137</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 40' Length of Tailpipe _____
 Packer Y N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation Factory PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>141</u>	<u>161</u>	<u>20</u>	<u>40</u>	<u>4 1/2</u>	<u>SOR17</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
92' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 140-160 Describe access port or control devices:
Turtle cap

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30-40</u>	<u>160</u>	<u>160</u>	<u>4 hrs</u>

Water Temp. 65 Bottom hole temp. _____
 Water Quality test or comments: Tastes Great
 Depth first Water Encounter 90

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>18</u>	<u>Brn clay</u>		
<u>6</u>	<u>18</u>	<u>22</u>	<u>Brn clay</u>		
	<u>22</u>	<u>43</u>	<u>Lighter Brn clay sand</u>		
	<u>43</u>	<u>49</u>	<u>G. gravel</u>		
	<u>49</u>	<u>52</u>	<u>clean sand soft</u>		
	<u>52</u>	<u>74</u>	<u>Dry Dense Brn clay</u>		
	<u>74</u>	<u>90</u>	<u>cl. + sand</u>		
	<u>90</u>	<u>92</u>	<u>cl. y</u>		
	<u>92</u>	<u>106</u>	<u>cl. + sand</u>		
			<u>Casing slowing down</u>		
			<u>getting sand locked</u>		
	<u>106</u>	<u>108</u>	<u>cl. y</u>		
	<u>108</u>	<u>137</u>	<u>Casing seized</u>		
			<u>went 1/2 mile</u>		
	<u>137</u>	<u>161</u>	<u>clay + sand</u>		

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JUN 03 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 161 (Measurable)
 Date: Started 5-10-08 Completed 5-14-08

14. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Jim Well Drilling Firm No. 623
 Principal Driller Jim Hester Date 5-16-08
 and _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

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85418

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

Office Use Only			
Well ID No.	420922		
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	Long	:

1. WELL TAG NO. D D0052768

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER

Name Irene Sinar

Address 1100 W. Beacon Light Rd.

City Eagle State Id _____ Zip 83616

3. LOCATION OF WELL by legal description:

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

Twp. 5 North or South

Rge. 1 East or West

Sec. 32 SW 1/4 SE 1/4 SW 1/4

Gov't Lot _____ County Ada

Lat: 43:43:322N Long: 116:22:151W

Address of Well Site Same

City Eagle

Blk. 8 Sub. Name Eagle Pines

AMD Plat

4. USE:

Domestic Municipal Monitor Irrigation

Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

New Well Modify Abandonment Other 6" Well

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	20	600 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 197

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	197	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	193	199	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	209	211	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 6.0 Length of Tailpipe 2.0

Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
199	209	.018	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75 ft. below ground Artesian pressure _____ lb.

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
100 GPM			1/2 HR.

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
10"	0	2	Top Soil		X
	2	20	Sandy Brown Clay		X
8"	20	54	Sandy Brown Clay		X
	54	75	Gravel	X	
	75	83	Brown Clay		X
	83	95	Sandy Brown Clay		X
	95	108	Brown Clay		X
	108	117	Sand	X	
	117	120	Brown Clay		X
	120	128	Sand	X	
	128	130	Sandy Brown Clay		X
	130	140	Brown Clay		X
	140	153	Sand (Iron)	X	
	153	165	Sand w/ Clay	X	
	165	172	Sand	X	
	172	178	Brown Clay w/ Sand Streaks	X	
	178	199	Brown Sandy Clay		X
	199	210	White Sand	X	
	210	211	Reddish Brown Clay		X

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MAY 02 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 211' (Measurable)

Date: Started 4/21/08 Completed 4/24/08

14. DRILLER'S CERTIFICATION

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

Company Name Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller [Signature] Date 4/24/08

and Driller or Operator II _____ Date 4/24/08

Operator I _____ Date 4/24/08

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On-A-Disk - (214) 346-9429 - www.FormsOnADisk.com

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780648
IDAHO DEPARTMENT OF WATER RESOURCES RECEIVED
WELL DRILLER'S REPORT
AUG 16 2002

Office Use Only

Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat : : Long: : :

1. WELL TAG NO. D 25356
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Jim King
Address 3540 Shadow Valley
City Eagle State ID Zip _____

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N									
W	E	S	X	S	E	S	E	S	E

Twp. 5 North or South
Rge. 1 East or West
Sec. 32 NE 1/4 SE 1/4
Gov't Lot _____ County Ada 160 acres
Lat : : Long: : :
Address of Well Site Same.
City _____

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

LI. _____ BK. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Spks or (Feet)	
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>1000</u>	<u>Overbore.</u>

Was drive shoe used? N Shoe Depth(s) _____
Was drive shoe seal tested? N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>71</u>	<u>187</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>182</u>	<u>188</u>	<u>250</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>188</u>	<u>201</u>	<u>250</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 6'4" Length of Tailpipe 2'

9. PERFORATIONS/SCREENS
Perforations _____ Method Pull back
 Screens Screen Type 304 Stainless

From	To	Shot Size	Number	Diameter	Material	Casing	Liner
<u>188</u>	<u>198</u>	<u>200</u>		<u>5</u>	<u>S.S</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Well Seal

11. WELL WATER RESOURCES REGION
 Pump Baller Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>30</u>			<u>2</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water _____
Depth first Water Encounter _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>0</u>	<u>2</u>	<u>Top Soil</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>20</u>	<u>Sandy clay</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>20</u>	<u>Dry SAND</u>		<input checked="" type="checkbox"/>
	<u>50</u>	<u>80</u>	<u>SANDY clay</u>		<input checked="" type="checkbox"/>
	<u>80</u>	<u>92</u>	<u>SAND clay streaks</u>		<input checked="" type="checkbox"/>
	<u>92</u>	<u>117</u>	<u>Gravel</u>		<input checked="" type="checkbox"/>
	<u>117</u>	<u>160</u>	<u>Brown clay - Shad streaks</u>	<input checked="" type="checkbox"/>	
	<u>160</u>	<u>181</u>	<u>SANDY clay</u>	<input checked="" type="checkbox"/>	
	<u>181</u>	<u>201</u>	<u>Course SAND</u>	<input checked="" type="checkbox"/>	

Completed Depth 201 (Measurable)
Date: Started 7-15-02 Completed 7-19-02

13. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with at the time the rig was removed.
DENNIS PHIPPS WELL DRILLING, INC.
Company Name 2068 BENTLEY AVE. Firm No. 332
MERIDIAN IDAHO 83642
Firm Official Dennis Phipps Date 7-29-02
and _____
Driller or Operator _____ Date _____
(Sign once if Firm Official & Operator)

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851776

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0052887

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER

Name Cort Hanson
Address 3477 Shadow Hills Dr.
City Eagle State Id Zip 83616

3. WELL LOCATION:

Twp. 5 North or South Rge. 1 East or West
Sec. 32 NW 1/4 NE 1/4 SE 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Ada
Lat. 43° 43.608'N (Deg. and Decimal minutes)
Long. 116° 21.449'W (Deg. and Decimal minutes)
Address of Well Site Same City Eagle

View of base corner of road or distance to road or landmark
Lot 2 Blk. 2 Sub. Name Eagle Bench

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection
 Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

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 ft³)	Placement method/procedure
5/8 Bentonite	0	23	950 lbs.	10" Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Uner	Threaded	Welded
6"	2	245	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5"	242	247	258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5"	257	259	258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 245'

9. PERFORATIONS/SCREENS:

Perforations Y N Method _____
Manufactured screen Y N Type Johnson
Method of installation Pullback

From (ft)	To (ft)	Slot size	Numberft	Diameter (nominal)	Material	Gauge or Schedule
247	257	.020	10'	5"	Stainless	304

Length of Headpipe 5.0 Length of Tailpipe 2.0
Packer Y N Type Rubber K-Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
N/A				

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) _____ Static water level (ft) 110'
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:	Discharge or yield (gpm)	Test duration (minutes)	Test method:			
			Pump	Boiler	Air	Flowing artesian
	70 GPM	1/2 HR.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water Quality test or comments:

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
10"	0	2	Top Soil		X
	2	23	Sandy Brown Clay		X
6"	23	88	Sandy Brown Clay		X
	88	89	Brown Clay		X
	89	110	Gravel		X
	110	145	Sand & Gravel	X	
	145	155	Sandy Brown Clay		X
	155	259	White Coarse Sand	X	

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JUL 03 2008

WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable) 259'
Date: Started 6/10/08 Completed 6/12/08

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 Dennis Phipps Well Drilling Inc. Co. No. 332

*Principal Driller [Signature] Date 6/13/08

*Driller _____ Date 6/13/08

*Operator II [Signature] Date 6/13/08

Operator I [Signature] Date 6/13/08

* Signature of Principal Driller and rig operator are required.

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Section 32

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

769837

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 0018665
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Rourke & Amy Yeakley
Address 3286 W. Shadow Hills
City Eagle State ID Zip 83611

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N		Twp. <u>5</u> North <input checked="" type="checkbox"/> or South <input type="checkbox"/>	
E		Rge. <u>1</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
W		Sec. _____ 1/4 NW 1/4 SE 1/4	
S		Gov't Lot _____ County <u>Ada</u> Long: _____	

Address of Well Site 3286 W. Shadow Hills
City Eagle

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 _____

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>600LB</u>	<u>Overbase</u>

Was drive shoe used? Y N Shoe Depth(s) 244 ft
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1.5</u>	<u>244.4</u>	<u>.25</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>241</u>	<u>246</u>	<u>.25</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5 ft Length of Tailpipe _____

9. PERFORATIONS/SCREENS
Perforations _____ Method _____
Screens _____ Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>246</u>	<u>251</u>	<u>.018</u>	<u>-</u>	<u>5"</u>	<u>Stainless</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
99 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time
<u>75GPM</u>		<u>246 ft</u>	<u>1 hour</u>

Water Temp. 57° Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encounter 49 ft

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Base Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>		
<u>6</u>	<u>2</u>	<u>20</u>	<u>Sandy Clay</u>		
<u>6</u>	<u>20</u>	<u>65</u>	<u>SAND</u>		
<u>6</u>	<u>65</u>	<u>80</u>	<u>Sandy Clay</u>		
<u>6</u>	<u>80</u>	<u>105</u>	<u>Gravel</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>105</u>	<u>118</u>	<u>Tan Clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>118</u>	<u>150</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>150</u>	<u>152</u>	<u>Tan Clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>152</u>	<u>190</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>190</u>	<u>198</u>	<u>Sandy Clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>198</u>	<u>240</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>240</u>	<u>244</u>	<u>Tan Clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>244</u>	<u>251</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	

RECEIVED
AUG - 3 2001
RECEIVED
JUL 17 2001
WATER RESOURCES
WESTERN REGION
Completed Depth 251 ft (Measurable)
Date: Started 7-9-01 Completed 7-10-01

13. DRILLER'S CERTIFICATION
I/we certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name Grasse Well Drilling Firm No. 409
Firm Official Gayle E. Coburn Date 7-11-01
and
Driller or Operator Andy Clark Date 7-11-01
(Sign once if Firm Official & Operator)

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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

841029

Office Use Only
Well ID No. 416095
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0047989
DRILLING PERMIT NO. 899239-846029
Water Right or Injection Well No. 63-07649

2. OWNER:
Name JOSH or JENNIFER HARMON
Address 3660 N. FALCON RIDGE LN.
City EAGLE State ID. Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 32 SW 1/4 NE 1/4 TR 1/4
Gov't Lot _____ County ADA
Lat: : : Long: : :
Address of Well Site SAME

(Give at least name of road - Distance to Road or Landmark)
City EAGLE
Lt. _____ Blk. _____ Sub. Name WHISPERING WINDS SUB

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply
 New Well Modify Abandonment Other OLD 8" (Replacement etc.)

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/BENTONITE</u>	<u>0</u>	<u>20</u>	<u>750 lbs</u>	<u>12" OVERBORE</u>

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>1 1/2</u>	<u>245</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>241</u>	<u>246</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>256</u>	<u>258</u>	<u>258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation JOHNSON/PULLBACK

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>246</u>	<u>256</u>	<u>.018</u>	<u>304</u>	<u>5</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
115 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>85</u>			<u>1 HR.</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) _____ Depth first Water Encounter _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>20</u>	<u>SANDY BROWN CLAY</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>20</u>	<u>80</u>	<u>SANDY BROWN CLAY</u>		<input checked="" type="checkbox"/>
	<u>80</u>	<u>94</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
	<u>94</u>	<u>115</u>	<u>GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>115</u>	<u>157</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
	<u>157</u>	<u>185</u>	<u>SANDY BROWN CLAY</u>		<input checked="" type="checkbox"/>
	<u>185</u>	<u>258</u>	<u>COARSE WHITE SAND</u>	<input checked="" type="checkbox"/>	

RECEIVED
APR 24 2007
WATER RESOURCES
WESTERN REGION

Completed Depth 258' (Measurable)
Date: Started 4/11/07 Completed 4/17/07

14. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name D P W D Firm No. 332
Principal Driller [Signature] Date 4/18/07
and
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

40

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only	
Well ID No.	803923
Inspected by	
Twp	Rge Sec
1/4	1/4 1/4
Lat: : : Long: : :	

1. WELL TAG NO. D D0029665
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name RALPH HOLDEN
 Address 21038 DESERT SANDS DR.
 City SUN CITY WEST State AZ Zip 85375

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 34 NE 1/4 NE 1/4 1/4
 Gov't Lot _____
 Lt. : : Long: : :
 Address of Well Site 4000 BROOKSIDE
 City EARLE
(Give full name of road & distance to Road or Roadside)
 Lt. _____ Blk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply
 New Well Modify Abandonment Other 4" WELL (Replacement etc.)

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
RENTONITE	0	21	800 lbs.	OVERBORE

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
8"	1 1/2	52	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe N/A Length of Tailpipe N/A
 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
42	52	3/8"	.250	2"	STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
16 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60			1 hr.

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter _____

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12"	0	2	TOP SOIL		<input checked="" type="checkbox"/>
8"	2	21	SANDY BRN. CLAY		<input checked="" type="checkbox"/>
	21	40	SAND w/ CLAY		<input checked="" type="checkbox"/>
	40	52	SAND & GRAVEL		<input checked="" type="checkbox"/>
	52	54	BLUE CLAY		<input checked="" type="checkbox"/>

RECEIVED
JUL 21 2003
 WATER RESOURCES
 WESTERN REGION

Completed Depth 54' (Measurable)
 Date: Started 7/15/03 Completed 7/16/03

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 DEANIS PHIPPS WELL DRILLING INC. Firm No. 332
 Principal Driller Mark Phipps Date 7/16/03
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

851750

1. WELL TAG NO. D 0052828

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER: MILAN & Joyce JACKSON
Name MILAN & Joyce JACKSON
Address 3953 N. BROOKSIDE
City BOISE State IDA Zip _____

3. WELL LOCATION:
Twp. 5 North or South Rge. 1 East or West
Sec. 34 SW 1/4 SW 1/4 NE 1/4

Gov't Lot - County ADA
Lel. 43 ' 43.769 (Dep. and Decimal minutes)
Long. 116 ' 19.432 (Dep. and Decimal minutes)
Address of Well Site SAME AS ABOVE

City _____
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
CHIP BENT	0	60	1300	POUR METHOD

8. CASING LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8"	+2	98	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5"	-10	98	.250	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 98 FEET

9. PERFORATIONS/SCREENS:
Perforations Y N Method _____
Manufactured screen Y N Type 4.5" PVC
Method of installation SET IN PLACE

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
90	170	.020	MANY	4.5	PVC	.020

Length of Headpipe N/A Length of Tailpipe N/A
Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
16-30 SILICA SAND	88	170	2850 LBS	POUR METHOD

11. FLOWING ARTESIAN:
Flowing Artesian? Y N Artesian Pressure (PSIG) N/A
Describe control device N/A

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 105 Static water level (ft) 62
Water temp. (°F) 58° Bottom hole temp. (°F) SAME
Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bater	Air	Flowing artesian
23	25	1 HOUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: NO TEST

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	TOP SOIL		
12	5	20	BEN CLAY HARD		
10	20	35	BEN CLAY HARD		
10	35	45	BEN CLAY		
10	45	60	BEN CLAY		
10	60	73	BEN CLAY		
10	73	76	SANDY CLAY		
10	76	90	GRAY CLAY		
10	90	100	LT BLUE CLAY		
8	100	105	BLUE CLAY		
8	105	108	BLUE SAND	X	
8	108	111	CLAY		
8	111	112	SAND	X	
8	112	117	CLAY		
8	117	118	SAND	X	
8	118	140	BLUE CLAY HARD		
8	140	160	BLUE CLAY HARD		
8	160	180	BLUE CLAY HARD		

RECEIVED
MAY 27 2008
WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): 170 FT
Date Started: 12 MAY 08 Date Completed: 20 MAY 08

14. DRILLER'S CERTIFICATION:
We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name ADAMSON PUMP & DRILL CO. NO. 457
*Principal Driller DAVE ADAMSON Date 22 MAY 08
Driller Dave Adamson Date 22 MAY 08
*Operator II _____ Date _____
Operator I Chon J. Young Date 22 MAY 08
*Signature of Principal Driller and rig operator are required.

63

845425

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Well ID No.	45515	
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat:	:	Long: :

1. WELL TAG NO. D 0047867
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

12. WELL TESTS:

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min.	Drawdown	Pumping Level	Time
60		325'	2 hrs.

2. OWNER:
 Name Blackhorse Const.
 Address 10953 Hanley Place
 City Eagle State Id Zip 83616

Water Temp. _____ Bottom hole temp. _____

5 gpm Water Quality test or comments: NO Smell may have
Hard a little Red iron color Depth first Water Encounter 296'

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 17 NW 1/4 NW 1/4 1/4
 Gov't Lot _____ County Ada 160 acres

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	4	Top Soil		X
04	27	37	Brn clay & Sand		X
6	27	88	Brn Clay		X
	88	112	Sand & Clay		X
	112	168	Brn clay		X
	168	173	Sand Stone		X
	173	207	Brn clay		X
	207	221	Brn clay & Sand		X
	221	256	Hrd Brn clay		X
	256	261	Sandy clay		X
	261	286	Hrd Brn clay		X
	286	291	Sand & clay		X
	291	296	Brn clay		X
	296	300	Large Sand	X	
	300	307	Brn clay		X
	307	318	Blue clay		X
	318	328	Large Sand	X	
	328	338	Blue clay & Sand (Fractured)	X	
	338	340	Fractured Blue clay	X	
			Large Sand		

Lat: _____ Long: _____
 Address of Well Site 10953 Hanley Place
9375 N. City Eagle
 (City of last name of road + Distance to Road or Landmark)
 Lt. 35 Blk. 1 Sub. Name Hanley DL Tracts

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other Replacement

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

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Hole plug</u>	<u>0</u>	<u>18</u>	<u>550 LBS</u>	<u>10" overbore dry pow</u>

Was drive shoe used? Y N Shoe Depth(s) 328-6"
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>18"</u>	<u>328-6"</u>	<u>250</u>	<u>Steel</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
254 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices:
San: Seal well cap

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Company Name Precision Well Drilling Firm No. 522
 Principal Driller John Dawson Date 3/27/07
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Completed Depth 335 ft.
 Date: Started 2/26/07 Completed 3/5/07

Had to drive pipe with cable tool because it drove so hard.
 Casing Hammer on Rotary wouldn't drive the pipe.
 RECEIVED
 MAR 29 2007
 WATER RESOURCES
 WESTERN REGION

45

Robert Heel
10805 Chaparral Rd

Log will
not print!

SN 1W 17 NENE

Domestic
Replacement

565' ft deep

~~Replaced~~ Replaced K2300 well

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 252 ft. Describe access port or control devices:
well cap

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

Company Name All State Drilling Firm No. 561
Principal Driller May Jones Date 8/20/07
and
Driller or Operator II _____ Date _____
Operator I Matthew K. Kern Date 8/22/07

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

46

USE TYPEWRITER OR BALL POINT PEN

Robert [unclear] State of Ohio
 Department of Water Administration
WELL DRILLER'S REPORT

Be...
 10-2-74
 P. 7/1A

State law requires that this report be filed with the Director, Department of Water Administration, within 30 days after the completion or abandonment of the well.

1. WELL OWNER
 Name BERTHA KEZAR
 Address 10074 Ivy Ave
 Owner's Permit No. Fontana Calif.

7. WATER LEVEL
 Static water level 135 feet below land surface
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK Permit # 83-7583
 New wall Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA Red Jacket
1 H.P. S.C.C.
 Pump Bailor Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>20</u>	<u>0</u>	<u>18</u>

3. PROPOSED USE
 Domestic Irrigation Test Other (specify type)
 Municipal Industrial Stock Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>80</u>	<u>Tap seal</u>		<input checked="" type="checkbox"/>
	<u>10</u>	<u>80</u>	<u>Clay</u>		<input checked="" type="checkbox"/>
	<u>80</u>	<u>140</u>	<u>Sandy Clay</u>		<input checked="" type="checkbox"/>
	<u>140</u>		<u>sand with water</u>		<input checked="" type="checkbox"/>
	<u>140</u>	<u>144</u>	<u>Sand - fine</u>		
	<u>144</u>	<u>197</u>	<u>Clay Brown</u>		<input checked="" type="checkbox"/>
	<u>197</u>		<u>Sandy Clay</u>		
			<u>would not stand open</u>		
	<u>197</u>	<u>254</u>	<u>Sand water</u>		<input checked="" type="checkbox"/>

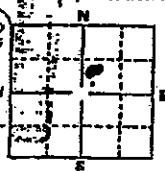
4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
 Diameter of hole 8 inches Total depth 254 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>1 1/2</u> inches	<u>8</u> inches	<u>0</u> feet	<u>40</u> feet
<u>5/8</u> inches	<u>8</u> inches	<u>40</u> feet	<u>196</u> feet
<u>1 3/8</u> inches	<u>8</u> inches	<u>196</u> feet	<u>254</u> feet

 Was a pecker or seal used? Yes No
 Perforated? Yes No
 How perforated? Factory Knife Torch
 Size of perforation _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Gravel packed? Yes No Size of gravel 3/4
 Placed from 200 feet to 274 feet
 Surface seal depth 40 Material used in seal Cement grout
 Pudding clay Well cuttings
 Sealing procedure used Sherry pit Temporary surface casing
 Overbars to seal depth

041872
Ret draw to 254
1 h.p. pump
309 P.M.

6. LOCATION OF WELL
 Sketch map location must agree with written location.

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Ada
NE 1/4 Sec. 17, T. 5 N., R. 1 W.

10. Work started Sept 2-74 finished 9-30-74

11. DRILLERS CERTIFICATION
 Firm Name Brewer Driller Firm No. 176
 Address Carl R. Brewer Date 9-30-74
 Signed by (Firm Official) Carl R. Brewer
 and W. BREWER
 (Operator)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

827499

Office Use Only	
Well ID No.	398115
Inspected by	
Twp	Rge Sec
1/4	1/4 1/4
Lat: : : Long: : :	

1. WELL TAG NO. D 0038593
 DRILLING PERMIT NO. 886558-827499
 Water Right or Injection Well No. _____

2. OWNER:
 Name Willowbrook Development, Inc.
 Address 210 Murrey St
 City Boise State Id Zip 83714

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 5 North or South
 Rge. 1 East or West
 Sec. 28 1/4 NW 1/4 SW 1/4
 Gov't Lot _____ County Ada
 Lat: : : Long: : :
 Address of Well Site Deep Canyon Dr. 1/2 mi. W. of Hwy 19
3/4 mi. N. of Star City Star
 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 _____

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES no

Seal Material	From	To	Weight / Volume	Seal Placement Method

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
12"	482	502	250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	512	543	250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 20' 0" Length of Tailpipe 31' 0"
 Packer Y N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method _____
 Screen Type & Method of Installation Stainless steel 12" pipe size x 30 Slot

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
502	512	30		12"	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
clean pea gravel	500	543	1 Ton	Poured around casing

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
213 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 502 ft. Describe access port or control devices: 2" pipe with cap welded into 16" casing

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. 60° Bottom hole temp. 60°
 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
16"	0	482	I do not have a previous well log, Russ		
12"	482	512			
8"	512	543			

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 APR 25 2005
 WATER RESOURCES
 WESTERN REGION

Completed Depth 541' (Measurable)
 Date: Started 2-4-05 Completed 3-28-05

14. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name A-Jike Firm No. 566
 Principal Driller Russell A. Johnston Date 3-31-05
 and
 Driller or Operator II Russell A. Johnston Date 3-31-05
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

63

843285

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0047492

Drilling Permit No. 89-228-843285
Water right or injection well # 63-10669

2. OWNER

Name M3 EAGLE, LLC (Kling Irrigation)
Address 533 E. Riverside Drive, Suite 110
City Eagle State ID Zip 83616

3. WELL LOCATION:

Twp. 5 North or South Rge. 1 East or West
Sec. 28 1/4 1/4 SE 1/4 SE 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County ADA
Lat. 43° 44.2635 (Deg. and Decimal minutes)
Long. 116° 27.2172 (Deg. and Decimal minutes)
Address of Well Site Big Gulch Road: Approx. 2700 ft northeast of State Hwy 16 City Eagle, ID

Lot _____ Blk. _____ Sub. Name _____

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection
 Other

5. TYPE OF WORK check all that apply (Replacement etc.)

New Well Replacement well Modify existing well
 Abandonment Other Cable-tool work-over rig

6. DRILL METHOD:

Air Rotary Mud Rotary Cable Other well rehabilitation

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or cu ft)	Placement method/procedure
<u>cement grout</u>	<u>415</u>	<u>408</u>	<u>5.2 cu. ft</u>	<u>placed with bailer and tagged into place.</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>14"</u>	<u>+2</u>	<u>198</u>	<u>.250</u>	<u>steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:

Perforations Y N Method none in reconstruction
Manufactured screen Y N Type _____
Method of installation none used in reconstruction

From (ft)	To (ft)	Slot size	Number	Diameter (nominal)	Material	Gauge or Schedule
					<u>SEE LIST</u>	<u>ON</u>
					<u>ORIGINAL</u>	<u>DRILLER'S</u>
					<u>REPORT</u>	

Length of Headpipe 17.5 Length of Tailpipe 6 feet (cemented)
Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or cu ft)	Placement method
				<u>SEE ORIGINAL</u>
				<u>DRILLER'S REPORT</u>

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) _____
Describe control device welded steel plate with cap on top of casing

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) _____ Static water level (ft) 95.35
Water temp. (°F) 63.4 deg. F Bottom hole temp. (°F) not measured
Describe access port threaded cap (water level measured 01-09-07)

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method:			
			Pump	Bailer	Air	Flowing artesian
<u>93.5</u>	<u>900</u>	<u>3,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>WELL</u>	<u>TESTING BY</u>	<u>HYDRO</u>				
<u>LOGIC</u>	<u>INC.</u>	<u>01-09-07</u>				

Water Quality test or comments: SEE LIST BELOW

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
			<u>LITHOLOGY and ORIGINAL WELL CONSTRUCTION SHOWN ON ORIGINAL WELL DRILLER'S REPORT.</u>		
			<u>Well originally drilled for Don Jennings with drilling permit #63-88-W-150-000.</u>		
			<u>McLeran Well Drilling reconstructed this well for long term use by M3 Eagle. An inspection of the well bore by Hydro Logic, Inc. revealed many large holes in the casing above the first screen at at 195 feet. In order to pump the well at it's water right the well had to be lined to preclude sand and gravel from being pumped through the test pump. The tailpipe was also corroded and therefore a cement seal was placed to secure the bottom of the well.</u>		
			<u>FIELD MEASURED WATER QUALITY</u>		
			<u>conductivity = 295 uS</u>		
			<u>temperature = 63.4 degrees Fahrenheit</u>		
			<u>pH = 7.07</u>		
			<u>dissolved oxygen = +1.90 mg/L</u>		
			<u>oxidation/reduction potential = +23 mV</u>		
			<u>no odors and minor visible gas</u>		
			<u>(Parameters measured near end of well testing on January 11, 2007.)</u>		

Completed Depth (Measurable) 415'
Date: Started Oct 2006 Completed Nov. 2006

14. DRILLER'S CERTIFICATION

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

Company Name McLeran Well Drilling, LLC Co. No. 641
Principal Driller David McLeran Date 7/28/08
Driller _____ Date _____
Operator II David McLeran Date 7/27/08
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

RECEIVED

JUL 28 2008

WATER RESOURCES
WESTERN REGION

WELL DRILLER'S REPORT

SEP 14 1989

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

Western Regional Office

<p>1. WELL OWNER Department of Water Resources</p> <p>Name <u>Don Jennings</u> Address <u>P. O. Box 2663</u> <u>Elko, NV 89801</u> Owner's Permit No. <u>63-88-W-150-000</u> <u>63-10669</u></p>	<p>7. WATER LEVEL</p> <p>Static water level <u>90</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature _____ of. Quality _____ Describe artesian or temperature zones below.</p>																																																																																																																																																																																																																																		
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Baller <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																																																																																																																																																															
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<p>3. PROPOSED USE</p> <p><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG 103608</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>28"</td><td>0</td><td>7</td><td>Topsoil</td><td></td><td></td></tr> <tr><td></td><td>7</td><td>15</td><td>Clay & Sand</td><td></td><td></td></tr> <tr><td></td><td>15</td><td>25</td><td>Coarse Sand</td><td></td><td></td></tr> <tr><td></td><td>25</td><td>30</td><td>Brn. Clay</td><td></td><td></td></tr> <tr><td></td><td>30</td><td>55</td><td>Coarse Sand</td><td></td><td></td></tr> <tr><td></td><td>55</td><td>65</td><td>Sandy Brn. Clay</td><td></td><td></td></tr> <tr><td></td><td>65</td><td>85</td><td>Sand Lt. Brn. Clay w/sme. sand</td><td></td><td></td></tr> <tr><td></td><td>85</td><td>95</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>95</td><td>102</td><td>Brn. Clay</td><td></td><td></td></tr> <tr><td></td><td>102</td><td>105</td><td>Fine to Med. Sand</td><td>X</td><td></td></tr> <tr><td></td><td>105</td><td>120</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>120</td><td>125</td><td>Brn. Clay</td><td></td><td></td></tr> <tr><td></td><td>125</td><td>155</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>155</td><td>165</td><td>Gray Clay & Blue Shale</td><td></td><td></td></tr> <tr><td></td><td>165</td><td>196</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>196</td><td>210</td><td>Coarse Gray Sand</td><td>X</td><td></td></tr> <tr><td></td><td>210</td><td>215</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>215</td><td>235</td><td>Sandy Gray Clay w/stks. sand</td><td></td><td></td></tr> <tr><td></td><td>235</td><td>240</td><td>Sandy Gray Clay</td><td>X</td><td></td></tr> <tr><td></td><td>240</td><td>245</td><td>Gray Sand - Coarse</td><td>X</td><td></td></tr> <tr><td></td><td>245</td><td>255</td><td>Gray Sand - Med.</td><td>X</td><td></td></tr> <tr><td></td><td>255</td><td>260</td><td>Gray Sand - Fine</td><td>X</td><td></td></tr> <tr><td></td><td>260</td><td>278</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>278</td><td>283</td><td>Med. to Coarse Gray Sand</td><td></td><td></td></tr> <tr><td></td><td>283</td><td>293</td><td>Blue Clay</td><td></td><td></td></tr> <tr><td></td><td>293</td><td>298</td><td>Fine Blue Sand</td><td></td><td></td></tr> <tr><td></td><td>298</td><td>301</td><td>Sandy Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>301</td><td>306</td><td>Fine Gray Sand</td><td>X</td><td></td></tr> <tr><td></td><td>306</td><td>331</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>331</td><td>338</td><td>Coarse Brn. Sand</td><td>X</td><td></td></tr> <tr><td></td><td>338</td><td>343</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>343</td><td>345</td><td>Gray Sand - Fine to Med.</td><td>X</td><td></td></tr> <tr><td></td><td>345</td><td>355</td><td>Gray Clay & Fine Sand (50' 50)</td><td>X</td><td></td></tr> <tr><td></td><td>355</td><td>360</td><td>Gray Clay</td><td></td><td></td></tr> <tr><td></td><td>360</td><td>365</td><td>Coarse Brn. Sand</td><td>X</td><td></td></tr> <tr><td></td><td>365</td><td>375</td><td>Med. to coarse brn. sand w/sme. clay streaks.</td><td>X</td><td></td></tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	28"	0	7	Topsoil				7	15	Clay & Sand				15	25	Coarse Sand				25	30	Brn. Clay				30	55	Coarse Sand				55	65	Sandy Brn. Clay				65	85	Sand Lt. Brn. Clay w/sme. sand				85	95	Gray Clay				95	102	Brn. Clay				102	105	Fine to Med. Sand	X			105	120	Gray Clay				120	125	Brn. Clay				125	155	Gray Clay				155	165	Gray Clay & Blue Shale				165	196	Gray Clay				196	210	Coarse Gray Sand	X			210	215	Gray Clay				215	235	Sandy Gray Clay w/stks. sand				235	240	Sandy Gray Clay	X			240	245	Gray Sand - Coarse	X			245	255	Gray Sand - Med.	X			255	260	Gray Sand - Fine	X			260	278	Gray Clay				278	283	Med. to Coarse Gray Sand				283	293	Blue Clay				293	298	Fine Blue Sand				298	301	Sandy Gray Clay				301	306	Fine Gray Sand	X			306	331	Gray Clay				331	338	Coarse Brn. Sand	X			338	343	Gray Clay				343	345	Gray Sand - Fine to Med.	X			345	355	Gray Clay & Fine Sand (50' 50)	X			355	360	Gray Clay				360	365	Coarse Brn. Sand	X			365	375	Med. to coarse brn. sand w/sme. clay streaks.	X	
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<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input checked="" type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<p>10. Work started <u>8/11/89</u> finished <u>8/14/89</u></p>																																																																																																																																																																																																																																		
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CASING SCHEDULE
DON JENNINGS WELL

103610

<u>16" Casing</u>				<u>16" Screens - Roscoe Moss</u>					
+ 2'	-	198'	-	200' C	198'	-	208'	-	10' S
208'	-	238'	-	30' C	238'	-	258'	-	20' S
258'	-	298'	-	40' C	298'	-	308'	-	10' S
308'	-	328'	-	20' C	326'	-	368'	-	40' S
368'	-	398'	-	30' C	398'	-	408'	-	10' S
408'	-	414'	-	6' C					90' S
				326' C					
				90' S					
				416' Pipe					

63-88-W-150-000

5N 1W Sec 28

MICROFILMED
JUN 21 1971

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

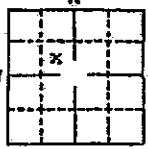
State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

Ag 1

<p>1. WELL OWNER</p> <p>Name <u>Hillsdale Farms</u></p> <p>Address Rt. <u>1</u> <u>Eagle ID</u></p> <p>Owner's Permit No. <u>63-91-W-197</u></p>	<p>7. WATER LEVEL</p> <p>Static water level <u>200</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ of. Quality _____</p> <p><i>Describe artesian or temperature zones below.</i></p>																																																																																																																																																																																											
<p>2. NATURE OF WORK</p> <p><input type="checkbox"/> New well <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																																																																																																																								
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RECEIVED

JUN 25 1991



3

Hillsdale Farms
Rt. 1
Eagle ID
Permit# 63-91-W-197

"16" casing record

0	-	230	230
240	-	280	40
350	-	500	150
510	-	540	30
570	-	590	10
610	-	620	10

470 total casing

16" Screen record

230	-	240	10
280	-	350	70
500	-	510	10
540	-	570	30
580	-	610	30

150 total screen

620 total screencasing

SN 1W SEC 29

PL 3

Hillsdale Farms
Rt. 1
Eagle ID
Permit# 63-91-W-197

"16" casing record

0	-	230	230
240	-	280	40
350	-	500	150
510	-	540	30
570	-	580	10
610	-	620	10

470 total casing

16" Screen record

230	-	240	10
280	-	350	70
500	-	510	10
540	-	570	30
580	-	610	30

150 total screen

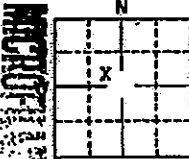
620 total screen+casing

SN 1W SEC 29

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>Henry Dixon</u></p> <p>Address <u>Rt. 1, Eagle, Idaho 83616</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>204</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.f.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ OF. Quality _____</p>																																																																																																																																																			
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																																																																																
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<p>3. PROPOSED USE</p> <p><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes/No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>28</td><td>0</td><td>10</td><td>Soil, Sand & Caliche</td><td></td></tr> <tr><td></td><td>10</td><td>19</td><td>Silty Clay</td><td></td></tr> <tr><td></td><td>19</td><td>23</td><td>Sand-Fine</td><td></td></tr> <tr><td></td><td>23</td><td>27</td><td>Silty Clay</td><td></td></tr> <tr><td></td><td>27</td><td>32</td><td>Sand-Fine to Med.</td><td></td></tr> <tr><td></td><td>32</td><td>57</td><td>Silty Clay w/some Sand & Sandstone</td><td></td></tr> <tr><td></td><td>57</td><td>94</td><td>Sand-Fine w/some Clay</td><td></td></tr> <tr><td></td><td>94</td><td>106</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>106</td><td>110</td><td>Silty Clay</td><td></td></tr> <tr><td></td><td>110</td><td>130</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>130</td><td>144</td><td>Silty Clay w/some Sand</td><td></td></tr> <tr><td></td><td>144</td><td>174</td><td>Sand-Fine to Grse w/ some Clay</td><td></td></tr> <tr><td></td><td>174</td><td>192</td><td>Silty Clay</td><td></td></tr> <tr><td></td><td>192</td><td>194</td><td>Sand-Fine to Med.</td><td></td></tr> <tr><td></td><td>194</td><td>214</td><td>Silty Clay</td><td></td></tr> <tr><td></td><td>214</td><td>232</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>232</td><td>254</td><td>Sand-Fine to Grse. w/some Clay</td><td></td></tr> <tr><td></td><td>254</td><td>281</td><td>Blue Silty Clay w/Fine Sand</td><td></td></tr> <tr><td></td><td>281</td><td>303</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>303</td><td>304</td><td>Clay w/Fine Sand</td><td></td></tr> <tr><td></td><td>304</td><td>339</td><td>Sand-Fine to Grse. w/some Clay</td><td></td></tr> <tr><td></td><td>339</td><td>341</td><td>Clay</td><td></td></tr> <tr><td></td><td>341</td><td>360</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>360</td><td>374</td><td>Blue Silty Clay w/some Sand</td><td></td></tr> <tr><td></td><td>374</td><td>378</td><td>Sand-Fine to Grse.</td><td></td></tr> <tr><td></td><td>378</td><td>512</td><td>Clay</td><td></td></tr> <tr><td></td><td>512</td><td>527</td><td>Sand & Clay Mixed</td><td></td></tr> <tr><td></td><td>527</td><td>544</td><td>Blue Clay w/some Fine Sand</td><td></td></tr> </tbody> </table>	Hole Diam.	Depth		Material	Water Yes/No	From	To	28	0	10	Soil, Sand & Caliche			10	19	Silty Clay			19	23	Sand-Fine			23	27	Silty Clay			27	32	Sand-Fine to Med.			32	57	Silty Clay w/some Sand & Sandstone			57	94	Sand-Fine w/some Clay			94	106	Sand-Fine to Grse.			106	110	Silty Clay			110	130	Sand-Fine to Grse.			130	144	Silty Clay w/some Sand			144	174	Sand-Fine to Grse w/ some Clay			174	192	Silty Clay			192	194	Sand-Fine to Med.			194	214	Silty Clay			214	232	Sand-Fine to Grse.			232	254	Sand-Fine to Grse. w/some Clay			254	281	Blue Silty Clay w/Fine Sand			281	303	Sand-Fine to Grse.			303	304	Clay w/Fine Sand			304	339	Sand-Fine to Grse. w/some Clay			339	341	Clay			341	360	Sand-Fine to Grse.			360	374	Blue Silty Clay w/some Sand			374	378	Sand-Fine to Grse.			378	512	Clay			512	527	Sand & Clay Mixed			527	544	Blue Clay w/some Fine Sand	
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<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input checked="" type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<p>10.</p> <p>Work started <u>5-19-80</u> finished <u>5-27-80</u></p>																																																																																																																																																			
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>16</u> inches</td> <td><u>2</u> feet</td> <td><u>210</u> feet</td> </tr> <tr> <td><u>.250</u> inches</td> <td><u>16</u> inches</td> <td><u>350</u> feet</td> <td><u>360</u> feet</td> </tr> <tr> <td><u>.250</u> inches</td> <td><u>16</u> inches</td> <td><u>380</u> feet</td> <td><u>385</u> feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer's name <u>Roscoe Moss</u></p> <p>Type _____ Model No. _____</p> <p>Diameter <u>16</u> Slot size <u>80</u> Set from <u>210</u> feet to <u>350</u> feet</p> <p>Diameter <u>16</u> Slot size <u>80</u> Set from <u>360</u> feet to <u>380</u> feet</p> <p>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel <u>3/8</u> minus</p> <p>Placed from <u>20</u> feet to <u>544</u> feet</p> <p>Surface seal depth <u>20'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>2" pipe welded on side of casing</u></p>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>16</u> inches	<u>2</u> feet	<u>210</u> feet	<u>.250</u> inches	<u>16</u> inches	<u>350</u> feet	<u>360</u> feet	<u>.250</u> inches	<u>16</u> inches	<u>380</u> feet	<u>385</u> feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Pete Cope Drilling Co., Inc.</u> Firm No. <u>213</u></p> <p>P.O. Box <u>561</u></p> <p>Address <u>Meridian, ID 83642</u> Date <u>5-29-80</u></p> <p>Signed by (Firm Official) <u>Pete Cope</u></p> <p>and <u>Frank Christen</u></p> <p>(Operator)</p>																																																																																																																							
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<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p>  <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Ada</u></p> <p>SE <u>X</u> NW <u>X</u> Sec. <u>29</u>, T. <u>5N</u> N/S, R. <u>1W</u> E/W.</p>	<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Pete Cope Drilling Co., Inc.</u> Firm No. <u>213</u></p> <p>P.O. Box <u>561</u></p> <p>Address <u>Meridian, ID 83642</u> Date <u>5-29-80</u></p> <p>Signed by (Firm Official) <u>Pete Cope</u></p> <p>and <u>Frank Christen</u></p> <p>(Operator)</p>																																																																																																																																																			

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 871040
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0031030
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name KEA & LINDA HAMILTON
Address 4210 DOUBLE S LN.
City EAGLE State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 33 SE 1/4 NE 1/4 1/4
Gov't Lot _____ County ADA 160 acres 1/4
Lat: : : Long: : :
Address of Well Site SAME City _____
(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 6" SAND PUMP

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>800 lbs.</u>	<u>12" OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 379'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>412</u>	<u>379</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>372</u>	<u>404</u>	<u>250</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>414</u>	<u>415</u>	<u>250</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 32' Length of Tailpipe 1.3'
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation SONGON / WASHDOWN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>404</u>	<u>414</u>	<u>.012</u>	<u>304</u>	<u>5"</u>	<u>STAINLESS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
190 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>35</u>			<u>4 hrs.</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12"</u>	<u>0</u>	<u>2</u>	<u>SAND</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>6</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>18</u>	<u>GRAVEL</u>		<input checked="" type="checkbox"/>
<u>8"</u>	<u>18</u>	<u>32</u>	<u>GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>32</u>	<u>185</u>	<u>SANDY RED CLAY</u>		<input checked="" type="checkbox"/>
	<u>185</u>	<u>253</u>	<u>SANDY CLAY W/ SAND STRKS.</u>	<input checked="" type="checkbox"/>	
	<u>253</u>	<u>398</u>	<u>BLUE SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>398</u>	<u>412</u>	<u>BLUE SAND</u>	<input checked="" type="checkbox"/>	
	<u>412</u>	<u>415</u>	<u>BLUE SANDY CLAY</u>		<input checked="" type="checkbox"/>

Completed Depth 415' (Measurable)
Date: Started 3/5/04 Completed 3/16/04

14. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were compiled with at the time the rig was removed.
Company Name DEANIS PHIPPS WELL DRILLING INC Firm No. 332
Principal Driller Mark Phipps Date 3/16/04
and
Driller or Operator I _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.