

RECEIVED

AUG 11 2008

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY:
\$50 Fee Received by WA
Date 8/11/08
Receipt No. 0007399

REQUEST FOR EXTENSION OF TIME

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

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

Permit No. 15-7247 Date Proof is Due: Oct. 1 2008
Name(s) of Permit Holder: Van Price
Address: 1730 N 2400 W City Malad State ID Zip 83252
Telephone No. 208-766-4881 Email: LVQH@atcnet.net

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

well was drilled & drilling was completed on 4/11/05
see copy of Well driller's report

Costing \$ \$16,500⁰⁰

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

\$ Cost of pump installation

Permit holder(s) request an extension to October, 2013.

L Van Price 8/5/08
(Signature) If other than permit holder, Power of Attorney must be supplied. (Date)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be APPROVED and the time within which to submit proof of beneficial use is extended to October 1, 2013.

Signed this 19th day of August, 2008.

Jeff Peppersack
JEFF PEPPERSACK, Chief
Water Allocation Bureau

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 0036085
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:

Name Van & Teri Price
 Address 1730 N 2400 W
 City Malad State ID Zip 83252

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☐ or South ☒
 Rge. 8E East ☒ or West ☐
 Sec. 10 1/4 1/4 1/4 1/4
 Gov't Lot _____
 County Blaine
 Lat: _____ Long: _____

Address of Well Site _____
 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

☒ 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	bags	airholed

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 240
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	0	240	250	steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method machined
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
200	340	14	3000	1/2	steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

207 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
500-600			

Water Temp. 60 Bottom hole temp. 60

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
11	0	30	Brown Sand clay		X	
10	30	50	Brown sandy clay		X	
10	50	150	grey clay			X
10	150	155	cracked brown clay			X
10	155	165	yellow clay hard part			X
10	165	178	crack clay brown		X	
10	178	210	Brown clay hard part		X	
10	210	208	crack brown clay		X	
10	208	215	Brown clay crack		X	
10	215	245	crack		X	
10	245	250	clay crack		X	
10	250	255	crack		X	
10	255	260	clay crack			X
10	260	331	crack			X
10	331	340	clay			X

Completed Depth 340 (Measurable)
 Date: Started 3-29-05 Completed 4-11-05

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 Mike's Well Drilling Firm No. 543
 Principal Driller Michael Thompson Date 4-12-05
 and Driller or Operator II Mike Thompson Date 4-13-05
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.

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** 2036085
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Van & Teri Price
Address 1730 N 2400 W
City Malad City State ID Zip 83222

3. LOCATION OF WELL by legal description:

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

Twp. 14 North ☐ or South ☒
Rge. 2E East ☒ or West ☐
Sec. 12 1/4 NE 1/4
Gov't Lot _____ 10 acres _____ 40 acres _____ 160 acres _____

Lat: : : Long: : :

Address of Well Site _____
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

☒ 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	5 bags	airblast

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	0	340	250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method machined

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
200	340	1/4"	3000	Lo	steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

207 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
500-600			

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	Y	N
14	0	30	Brown sandy clay		X	
10	30	30	broken sandy clay		X	
10	30	150	cray clay		X	
10	150	155	cray clay		X	
10	155	165	cray clay Hard Part		X	
10	165	178	gravel clay Band		X	
10	178	190	Brown clay Hard Part		X	
10	190	204	cray clay		X	
10	204	215	Brown clay		X	
10	215	245	gravel		X	
10	245	250	clay gravel		X	
10	250	265	gravel		X	
10	265	280	clay gravel		X	
10	280	331	gravel		X	
10	331	340	clay		X	

Completed Depth 340 (Measurable)

Date: Started 3-29-05 Completed 4-11-05

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 MT West Wind Drilling Firm No. 543

Principal Driller Michael Thompson Date 4-12-05

and Driller or Operator II Michael Thompson Date 4-13-05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.