Form 238-7
7/94

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Department of Water Resources
Southern Region Office

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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Department of Water Resources

Use Typewriter or Ball Point Pen

1. DRILLING PERMIT NO. 37-94 - C- 0137 - 200 (000)
Other IDWR No. 37-08670

2. OWNER:
Name Nan Crocker
Address P. O. Box 974
City Ketchum State ID Zip 83340

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

Twp. 2 North ☒ or South ☐
Rge. 18 East ☒ or West ☐
Sec. 18, ____ 1/4 NW 1/4 SE 1/4
(10 acres) (40 acres) (160 acres)
Gov't Lot ____ County Blaine
Address of Well Site ____ City ____
(Give at least name of road + Distance to Road or Landmark)
Lt. ____ Blk. ____ Sub. Name ____

4. PROPOSED USE:
☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☒ Thermal ☐ Injection ☐ Other ____

5. TYPE OF WORK
☐ New Well ☐ Modify or Repair ☒ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other ____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
Cement grout	-4	26	90 sk	overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10.75	+1	26	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

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10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
1'8" ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

11. WELL TESTS:
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
437	5'9"	8'3"	8 hr.

Water Temp. 130°-131° Bottom hole temp. ____
Water Quality test or comments: ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
16	0	3	Fill		
	3	5	Clay & shale		
	5	8	Shale	X	
	8	18	Clay & shale		
	18	20½	Small gravel & sand	X	
14	20½	26	Limestone		
10	26	31	Limestone		
	31	34	Broken limestone/calcite	X	
			Circulating through old hole		
	34	47	Limestone		
	47	50	Broken limestone/calcite	X	
			(Circulating through)		
	50	58	Limestone		
	58	60	Broken limestone	X	
			(circulating through)		
	60	77	Limestone		
	77	78	Soft fracture, calcite	X	
	78	87	Limestone		
	87	88	Fracture, calcite	?	
	88	102	Limestone		
	102	104	Broken limestone, calcite	X	
	104	125	Limestone		
	125	126	Fracture, calcite	?	
	126	141	Hard limestone		
	141	148	Softer w/ calcite	?	
	148	168	Very hard limestone		
	168	170	Softer limestone	?	
	170	187	Very hard		
	187	190	Softer w/ calcite		
	190	202	Limestone		
	202	220	Soft lime w/ calcite	?	

Completed Depth 220 feet (Measurable)
Date: Started 10/17/94 Completed 11/1/94

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 WALKER WATER SYSTEMS 624 PIERCE ST. TWIN FALLS, ID 83301 Firm No. 15
Firm Official [signature] Date 11/9/94
and
Supervisor or Operator [signature] Date ____
(Sign once if Firm Official & Operator)

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