

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:	:

15

1. WELL TAG NO. D 0036074
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Jo Ann Jenkins Trust
Address P.O. Box 21
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. 15 North or South
Rge. 35 East or West
Sec. 3 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Oneida
Lat: _____ Long: _____
Address of Well Site 2127 S. 5400 W
City Pleasant View
(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
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>8 bags</u>	<u>overbore</u>

Was drive shoe used? Y N Shoe Depth(s) 243
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>0</u>	<u>243</u>	<u>250</u>	<u>steel</u>	<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 torch
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>0</u>	<u>243</u>	<u>1/4"</u>	<u>30</u>	<u>6</u>	<u>steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. FILTER P:
Filter Ma _____
6-20-05
I think they jumped the
gun - will inspect -
Dennis

11. STATIC W
6 ft. below
Depth flow enci _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian
Yield gal./min. 400-500 Drawdown _____ Pumping Level _____ Time _____
Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: _____
Depth first Water Encounter 60

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>10</u>	<u>clay Brn</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>10</u>	<u>20</u>	<u>gravel clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>20</u>	<u>40</u>	<u>gravel clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>40</u>	<u>60</u>	<u>clay Brn</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>60</u>	<u>100</u>	<u>clay w/ gravel sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>100</u>	<u>130</u>	<u>Brn clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>130</u>	<u>150</u>	<u>Brn clay gravel</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>150</u>	<u>160</u>	<u>gravel Brn clay</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>160</u>	<u>178</u>	<u>Brn clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>178</u>	<u>180</u>	<u>gravel</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>180</u>	<u>190</u>	<u>Broken lime</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>190</u>	<u>210</u>	<u>Solid lime</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>210</u>	<u>240</u>	<u>lime w/ broken areas</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>240</u>	<u>285</u>	<u>Broken lime clay sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>285</u>	<u>300</u>	<u>Solid lime</u>		<input checked="" type="checkbox"/>

RECEIVED
JUN 14 2005
Department of Water Resources
Eastern Region

Completed Depth 300 (Measurable)
Date: Started 4-25-05 Completed 4-27-05

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 Well Drilling Firm No. 543
Principal Driller Michael Frandsen Date 5-2-05
and Driller or Operator II Thites Frandsen Date 4-27-05
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.