

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 200 51606
DRILLING PERMIT NO. 845320
Water Right or Injection Well No. _____



2. OWNER:
Name Rob Willits
Address PO Box 343
City First River State ID Zip 83856

3. LOCATION OF WELL by legal description:

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

Twp. 56 North ☒ or South ☐
Rge. 05 East ☐ or West ☒
Sec. 13 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County Bonner

Lat: _____ Long: _____
Address of Well Site West Sittler Rd.
City First River

(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	18	300lbs	Temprose

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 325

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	325	20	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Fracture

Screen Type & Method of Installation Alloy - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
325	330	14	304	6"	S.S	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

56 N 5 W 13

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>10'</u>	<u>266'</u>	<u>1hr</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 310

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	20	Sand cobbles		☒
6	20	140	Sand gravel		☒
6	140	290	Sand, clay		☒
6	290	320	Sandy clay with 310'	☒	
6	320	325	Fine sand	☒	
6	325	330	Sand fine clay	☒	

RECEIVED

MAR 30 2007

IDWR/North

Completed Depth 330' (Measurable)

Date: Started 2/5/07 Completed 3/20/07

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 Capt. Potts & Sons Firm No. 168

Principal Driller Steve Potts Date 3/25/07

and Driller or Operator II William Lifer Date 3/25/07

Operator I _____ Date _____

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