

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061200

Drilling Permit No. 864949
Water right or injection well # _____

2. OWNER:

Name Jan Hurry
Address 34292 Hwy 41
City Old Town State ID Zip 83822

3. WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 4 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County Bonner
Lat. 48 18.894 (Deg. and Decimal minutes)
Long. 116 50.435 (Deg. and Decimal minutes)
Address of Well Site Two miles up East Side Rd from intersection of East Side cut off-Rt side City Priest River
(Give at least name of road + Distance to Road or Landmark)
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
Bentonite Chips	0	38	1250lbs	overbored

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	245	.250	Steel	☒	☐	☐	☒

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
225	245	1/4x3	20	6	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 58 Static water level (ft) 58
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
245	20	90

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

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	10	Sand		X
10	10	38	Green hard clay		X
6	38	58	Green hard clay		X
6	58	60	Sand and small gravel	X	
6	60	156	Gray clay medium hardness		X
6	156	172	Sand and decomposed granite		X
6	172	216	Sand, decom. gran. and small gravel		X
6	216	247	Sand, decom. gran. and small gravel	X	
6	247	260	Decomposed granite		X

RECEIVED

OCT 15 2012

IDWR / NORTH

Completed Depth (Measurable) 245

Date Started: Oct 1, 2012 Date Completed: Oct 4, 2012

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 Horsley Drilling Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date Oct 10, 2012

*Driller Bob Horsley Date Oct 10, 2012

*Operator II Zach Horsley Date Oct 10, 2012

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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