Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061199

Drilling Permit No. 864509

Water right or injection well # _____

2. OWNER:

Name David Zahler

Address 318 Bison Trail

City Priest River State ID Zip 83856

3.WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 18 _____ 1/4 (10 acres) NW 1/4 (40 acres) SE 1/4 (160 acres)

Gov't Lot _____ County Bonner

Lat. 48 ° 17.282 (Deg. and Decimal minutes)

Long. 116 ° 52.906 (Deg. and Decimal minutes)

Address of Well Site 318 Bison Trail

(Give at least name of road + Distance to Road or Landmark) City Priest River

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 ft³)	Placement method/procedure
Bentonite Chips	0	38	1100lbs	overbored

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	430	.250	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 430'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) _____

Describe control device _____

57N 04W 18

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 40 Static water level (ft) 40

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method: Pump	Bailer	Air	Flowing artesian
430	100+	120	☐	☐	☒	☐
			☐	☐	☐	☐

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	Water N
10	0	30	Top soil and sand		X
10	30	38	Gray clay		X
6	38	40	Gray clay		X
6	40	400	Gray clay	X	
6	400	420	Gravel, decomposed granite & clay	X	
6	420	430	Decomposed Granite and Gravel	X	

RECEIVED
OCT 15 2012
IDWR / NORTH

Completed Depth (Measurable): 430

Date Started: Sep 24, 2012 Date Completed: Sep 27, 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 [illegible] Date Oct 10, 2012

*Operator II Zach Horsley Date Oct 10, 2012

Operator I _____ Date _____

*** Signature of Principal Driller and rig operator are required.**