

## WELL DRILLER'S REPORT

1. WELL TAG NO. D 0017030  
DRILLING PERMIT NO. 770917  
Water Right or Injection Well No. \_\_\_\_\_

## 2. OWNER:

Name Mort Berry  
Address Coolin  
City Coolin State ID Zip 83856

## 3. LOCATION OF WELL by legal description:

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

Twp. 59 North ☒ or South ☐  
Rge. 4 East ☐ or West ☒  
Sec. 10 1/4 SE 1/4 SW 1/4  
Gov't Lot \_\_\_\_\_  
County \_\_\_\_\_

Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site Coolin  
City Coolin ID

(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>18</u> | <u>5 Sacks</u>  | <u>Temp Casing</u>    |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100'Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

## 8. CASING/LINER:

| Diameter | From      | To          | Gauge      | Material     | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|-----------|-------------|------------|--------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <u>6</u> | <u>+1</u> | <u>100'</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 K

## 9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method \_\_\_\_\_

Screen Type & Method of Installation telescoping / pull back

| From       | To         | Slot Size | Number   | Diameter  | Material   | Casing                   | Liner                    |
|------------|------------|-----------|----------|-----------|------------|--------------------------|--------------------------|
| <u>100</u> | <u>105</u> | <u>6</u>  | <u>-</u> | <u>6"</u> | <u>SS.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|-----------------|------|----|-----------------|------------------|

## 11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground Artesian pressure \_\_\_\_\_ lb.

Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

59 N 4 W 10

| Office Use Only |           |             |       |
|-----------------|-----------|-------------|-------|
| Well ID No.     | _____     |             |       |
| Inspected by    | _____     |             |       |
| Twp             | Rge       | Sec         |       |
| _____ 1/4       | _____ 1/4 | _____ 1/4   |       |
| Lat: _____      | _____     | Long: _____ | _____ |

## 12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown   | Pumping Level | Time        |
|-----------------|------------|---------------|-------------|
| <u>5+</u>       | <u>10'</u> | <u>90'</u>    | <u>1 hr</u> |

Water Temp. Cold Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encounter 80'

## 13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

| Bore Dia. | From      | To         | Remarks: Lithology, Water Quality & Temperature | Y                                   | N                                   |
|-----------|-----------|------------|-------------------------------------------------|-------------------------------------|-------------------------------------|
| <u>8</u>  | <u>0</u>  | <u>18</u>  | <u>Top soil Sand</u>                            |                                     | <input checked="" type="checkbox"/> |
| <u>6</u>  | <u>18</u> | <u>40</u>  | <u>Sand, clay lenses</u>                        |                                     | <input checked="" type="checkbox"/> |
| <u>6</u>  | <u>40</u> | <u>80</u>  | <u>Sand</u>                                     |                                     | <input checked="" type="checkbox"/> |
| <u>6</u>  | <u>80</u> | <u>105</u> | <u>Fine Sand</u>                                | <input checked="" type="checkbox"/> |                                     |

RECEIVED

JUN - 8 2001

IDWF North

Completed Depth 105' (Measurable)  
Date: Started 8/6/01 Completed 9/6/01

## 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 Carl Pitts & Sons Firm No. 1108Principal Driller Steve Pitts Date 9/6/01

and Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

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

FORWARD WHITE COPY TO WATER RESOURCES