

Form 23 DEC 17 2001
11/97

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

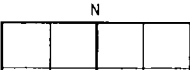
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0017461
 DRILLING PERMIT NO. 7.71058
 Other IDWR No. _____

2. OWNER:
Name Jeff Mullen
Address 3635 Freeman Lake Rd
City Olatowa State IN Zip 83822

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



W E

Twp. 56 North ☒ or South ☐
 Rge. 6 East ☐ or West ☒
 Sec. 12 1/4 NE 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____
 County _____
 Lat: _____ Long: _____
 Address of Well Site Same
 City _____

Lt.	Blk.	Sub.	Name
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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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
N/A				

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) N/A

Was drive shoe seal tested? ☐ Y ☐ N How? N/A

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
N/A					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe_____ Length of Tailpipe_____

9. PERFORATIONS/SCREENS

Perforations Method N/A
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

56N 6W 12

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2		700	1 hr

Water Temp. 50° Bottom hole temp.

Water Quality test or comments: Clear

Depth first Water Encounter 460

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 700' (Measurable)
Date: Started 9-5-01 Completed 9-7-01

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Intermountain Drilling Firm No. 513

Firm Official Glen F. Frazee Date 12-14-01

Driller or Operator [Signature] Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES