

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 0033880
 DRILLING PERMIT NO. 818584
 Water Right or Injection Well No. _____

2. OWNER Phil Melior
Name Phil Melior
Address 424 Sandborn
City Pleasant 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. 4 East ☐ or West ☒
Sec. 7 1/4 NW 1/4 NW 1/4
Gov't Lot _____
County Bonner 10 acres 40 acres 160 acres
Lat: : : Long: : :
Address of Well Site Same
City Priest River

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 Material	From	To	Weight / Volume	Seal Placement Method
Bertronite	0	18	280/lbs	TEMP Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 110'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	110	250	Skel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type ☒ K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory
Screen Type & Method of Installation Coarse - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
110	115	4		6"	SS	☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2	44'	111'	1 hr

Water Temp. 107.0 Bottom hole temp. _____

Water Quality test or comments:

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth 110' (Measurable)
Date: Started 6-30-04 Completed 7-11-04

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 Chel FTS Firm No 168

Principal Driller Steve [Signature] Date 7-11-04

Driller or Operator II _____ Date _____

Operator | Date

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

FORWARD WHITE COPY TO WATER RESOURCES