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Form 11/97
AUG 30 2001

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

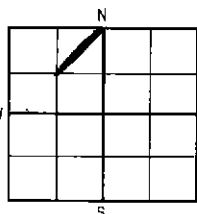
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D 0017226
DRILLING PERMIT NO. _____
Other IDWR No. 769174

2. OWNER:
Name Carl Johansen
Address 1195 Caronagh Bay Rd.
City Coeur d'Alene State ID Zip 83921

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 11 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County _____
Lat: _____ Long: _____
Address of Well Site Same City _____
(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/FILTER PACK	AMOUNT	METHOD
Material	From To Sacks or Pounds	
<u>Bentonite</u>	<u>0</u> <u>18</u> <u>6</u>	<u>Templasing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>41</u>	<u>35</u>	<u>50</u>	<u>steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____

Method _____

Screens

Screen Type Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>35</u>	<u>40</u>	<u>20</u>		<u>6</u>	<u>SS</u>	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.

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

59N 4W 11

11. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6</u>	<u>10</u>		<u>1</u>

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: _____

Depth first Water Encounter 22

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>		☒
<u>6</u>	<u>18</u>	<u>22</u>	<u>Sand med</u>		☒
<u>6</u>	<u>22</u>	<u>40</u>	<u>Sand med</u>		☒

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Completed _____ Depth 40 (Measurable)
Date: Started 6-20-01 Completed 6-20-01

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 Carl Potts & Sons Drilling Firm No. 168

Firm Official Steve Potts Date 6-20-01

and Driller or Operator Joe Pickett Date 6-20-01
(Sign once if Firm Official & Operator)