

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

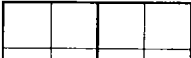
1. WELL TAG NO. D 2017799
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:

Name Ron & Tony Carey
Address 32 Scotts Rd
City Priest River State Id Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 56 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 29 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County _____
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____
 Address of Well Site Jane
 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	
Bentonite	0	19	345	Oxide Bone

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 75

Was drive shoe seal tested? ☐ Yes ☒ No How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
60	+1	75	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method
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Screens 20 slot Screen Type stainless

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
75	80	20		6"		☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
159pm		80	1hr

Water Temp. 30 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 604'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth 80 (Measurable)
Date: Started 9-20-01 Completed 9-21-01

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: [Signature] Date 11-7-01

and
Driller or Operator Deane Lusk Date 11/18/01

(Sign once if Firm Official & Operator)