

97-8531 EVIDENCE OF PRIORITY

2021 aerial imagery



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0086493

Drilling Permit No. 890588

Water right or injection well # _____

2. OWNER: Kevin & Karen Pugh

Name _____

Address 325 Buckskin Flat Rd.

City Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 57N North ☒ or South ☐ Rge. 05W East ☐ or West ☒
Sec. 14 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Bonner

Lat. 48 17.044 (Deg. and Decimal minutes)

Long. 116 55.421 (Deg. and Decimal minutes)

Address of Well Site Buckskin Flat Rd

City Priest River

Lot. 2 Blk. 1 Sub. Name Pugh Acres

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:

☐ New well ☐ Replacement well ☐ Modify existing well
☒ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	1300 lbs.	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	245	.250	Steel	☒	☐	☐	☒
4"	-10	640	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 245'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skil saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
620	640	1/4x8	88	4"	PVC	Sch. 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 300 Static water level (ft) 300

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Welded steel cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	1.5	60

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	3	Top Soil		X
10	3	38	Tan Clay		X
8	38	60	Tan Clay		X
8	60	130	Gray Clay		X
8	130	185	Gray & Tan Clay		X
8	185	210	Tan Clay & Soft Shale		X
8	210	245	Broken Tan Shale		X
6	245	295	Gray Shale		X
6	295	330	Gray & Green Shale w/ 1.5 gpm	x	
6	330	470	Gray Shale		X
6	470	640	Dark Gray & Black Shale		X
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NOV 23 2020

IDWR/NORTH

Completed Depth (Measurable): 640'

Date Started: Nov 5, 2020 Date Completed: Nov 10, 2020

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 H2O Well Service Inc. Co. No. 448

*Principal Driller Tom Riebel Date 11-11-2020

*Driller Gene McEster Date 11-11-2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

