

97-9017 EVIDENCE OF PRIORITY

Bonner County aerial photography from 2021



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084902
Drilling Permit No. 895923

Water right or injection well # _____

2. OWNER: Rosalyn Wilson
Name _____

Address Po Box 1612

City Prigst River State ID Zip 83856

3. WELL LOCATION:

Wp. 56 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 13 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Bonner

Lat. N48° 12.359' (Deg and Decimal minutes)

Long W114° 54.767' (Deg. and Decimal minutes)

Address of Well Site 792 Dinks Rd
City Prigst River

(Give or estimate of road distance to road or landmark)

Lot _____ Blk. _____ Sub. Name _____

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
CH:ps	0	38	750/105	temp Cas.m

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	130	250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 130"

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type telescoping

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
130	135	10		6"	S.S.	

Length of Headpipe 2" Length of Tailpipe _____

Packer ☒ Y ☐ N Type K Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

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) 25 Static water level (ft) 25

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

Describe access port weld on Cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
135'	40+	60	☐	☐	☒	☐

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	2	top Soil		X
	2	10	Brown clay w/ gravel		X
	10	38	Blue clay / wet	X	
8"	38	110	Blue clay		X
	110	125	med Sand w/ some gravel	X	
			gray w/ silt		
	125	140	Brown sand	X	

RECEIVED
SEP 28 2020
IDWR/NORTH

Completed Depth (Measurable) 135'

Date Started 9/23/20 Date Completed 9/24/20

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 Northern Lights Drilling Co. No. 680

*Principal Driller [Signature] Date 9/25/20

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.