

IDAHO DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

1. WELL TAG NO. D D0028246  
DRILLING PERMIT NO. 806123  
Water Right or Injection Well No. \_\_\_\_\_

2. OWNER: Avellino Persello  
Name Avellino Persello  
Address 315 Scranton Ave.  
City Coolin State ID Zip 83821

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 5N North ☒ or South ☐  
Rge. 4E East ☐ or West ☒  
Sec. 10 1/4 NW 1/4 SW 1/4  
Gov't Lot \_\_\_\_\_ County Boone 160 acres

Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site SAME City Coolin  
(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 Material     | From | To | Weight / Volume | Seal Placement Method |
|-------------------|------|----|-----------------|-----------------------|
| <u>Already in</u> |      |    |                 |                       |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 103'  
Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter  | From      | To         | Gauge      | Material     | Casing                              | Liner                    | Welded                              | Threaded                 |
|-----------|-----------|------------|------------|--------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <u>6"</u> | <u>85</u> | <u>107</u> | <u>250</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_  
Packer ☒ Y ☐ N Type K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method \_\_\_\_\_  
Screen Type & Method of Installation Telescoping pull back

| From       | To         | Slot Size | Number | Diameter  | Material  | Casing                   | Liner                    |
|------------|------------|-----------|--------|-----------|-----------|--------------------------|--------------------------|
| <u>102</u> | <u>107</u> | <u>15</u> |        | <u>6"</u> | <u>SS</u> | <input type="checkbox"/> | <input type="checkbox"/> |

10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
| <u>NONE</u>     |      |    |                 |                  |

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75' ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

|                    |            |             |  |
|--------------------|------------|-------------|--|
| Office Use Only    |            |             |  |
| Well ID No. _____  |            |             |  |
| Inspected by _____ |            |             |  |
| Twp. _____         | Rge. _____ | Sec. _____  |  |
| _____ 1/4          | _____ 1/4  | _____ 1/4   |  |
| Lat: _____         |            | Long: _____ |  |

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown   | Pumping Level | Time        |
|-----------------|------------|---------------|-------------|
| <u>8+</u>       | <u>22'</u> | <u>97'</u>    | <u>1 hr</u> |

Water Temp. 60.0 Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

| Bore Dia. | From       | To         | Remarks: Lithology, Water Quality & Temperature | Y                                   | N |
|-----------|------------|------------|-------------------------------------------------|-------------------------------------|---|
| <u>6"</u> | <u>85</u>  | <u>90</u>  | <u>SAND</u>                                     | <input checked="" type="checkbox"/> |   |
| <u>6"</u> | <u>90</u>  | <u>107</u> | <u>SAND</u>                                     | <input checked="" type="checkbox"/> |   |
| <u>6"</u> | <u>107</u> | <u>108</u> | <u>Fine Sand</u>                                | <input checked="" type="checkbox"/> |   |

RECEIVED

OCT 20 2003

IDWR North

Completed Depth 107' (Measurable)  
Date: Started 8-24-03 Completed 8-26-03

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 C. H. Harkins Firm No. 1168  
Principal Driller Stump Pitts Date 8/26/03  
and \_\_\_\_\_  
Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_  
Operator I \_\_\_\_\_ Date \_\_\_\_\_

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