

95-18575 EVIDENCE OF PRIORITY

IMAGERY FROM 2023



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 88760

Drilling Permit No. 901287
Water right or injection well # _____

2. OWNER:

Name Bill Brogna
Address 2580 W. Misty Dr
City Meridian State ID Zip 83646

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 25 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Kootenai
Lat. 47 22.975 N (Deg. and Decimal minutes)
Long. 116 46.677 N (Deg. and Decimal minutes)
Address of Well Site 714 W. Conkling Rd
City Worley

(Give at least Name 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
bentonite	0	-38	1100 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	-258	2.50	steel	☒	☐	☒
4"	-18	-328	sch 40	pvc	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -258 ft georocfor shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method skillsaw/air knife perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-218	-318	1/4x8	105	4"	pvc	sch 40
-170	-260	1/4x2	300	6"	steel	2.50

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) 200 ft Static water level (ft) -220 ft

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

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
2 qpm airlift	from 320 ft	for 6 hrs	☐	☐	☒	☐

Test method:

Water quality test or comments: cold and brown

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	14	brown clay		X
	14	22	soft basalt		X
	22	23	void		X
	23	34	soft broken basalt		X
8"	34	190	soft basalt	X	
	190	205	grey clay		X
	205	212	grey clay with shale mixed		X
	212	218	mixed shale		X
	218	230	grey and tan broken shale		X
	230	250	grey clay with broken shale		X
	250	254	soft basalt		X
6"	254	330	medium basalt	X	
	330	345	sand		X

RECEIVED

AUG 11 2021

IDWR/NORTH

Completed Depth (Measurable): 328 ft

Date Started: 7-30-21 Date Completed: 8-5-21

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 Interstate Drilling LLC Co. No. 689

*Principal Driller [Signature] Date 8-10-21

*Driller Austin [Signature] Date 8-10-21

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.