

Location Corrected by IDWR To:
T13S R44E Sec. 4 NWNENE
By: mciscell 2012-12-26

1. DRILLING PERMIT NO. 11-94-E-008 000
Other IDWR No. 11-02142B 4073

2. OWNER:

Name Gary S. & Georgia J. Griffin
Address P.O. Box 75
City Montpelier State ID Zip 83254

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 12 North ☐ or South ☒
 Rge. 44 East ☒ or West ☐
 Sec. 33 1/4 SE 1/4 SE 1/4
 Gov't Lot _____ County Bear Lake

Address of Well Site 930 Boise St.
City Montpelier

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	8501b	chips

Was drive shoe used? Y ☒ N ☐

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8ID	+1 1/2	70	1/4	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Knife
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Line
56	64	1 1/2	160	1/2		☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
81	1'	15	2

Water Temp. 47 F Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Westlake Drilling Firm No. 114

Firm Official EP Key Whittaker Date 5/31/94
and _____

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES