



WELL DRILLER'S REPORT 097067

Use Typewriter or Ballpoint Pen

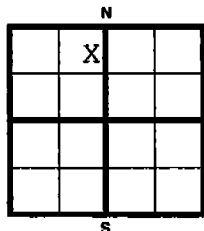
Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	:	Long
:	:	:

1. DRILLING PERMIT NO. Tag# D0003242
Other IDWR No. 95-97-N-117

2. OWNER Well Number:
Name WISER, CHRIS 609

Address PO BOX 844
City NEWMAN LAKE State WA Zip 99025

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 52 North or South
Rge. 05 East or West
Sec. 21 1/4 NE 1/4 NW 1/4 SW

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Three Forks Rd.
City Hauser Lake

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

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	-40	8 SACKS	DRY

Was drive shoe used? Y N Shoe Depth(s) _____

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-58	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-40	-360	.160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method SKILLSAW
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-340	-360	1/8X6	44	4	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	60	Clay Small Gravels Sand	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	60	150	Granite Brown Decomposed Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	150	200	Granite Gray Medium	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	200	240	Granite Green Medium	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	240	300	Granite Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	300	325	Granite Rose Medium	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	325	360	Granite Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED

OCT 16 1997

NORTHERN REGION
IDWR

Completed Depth 360' (Measurable)
Date: Started 10/2/97 Completed 10/3/97

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 H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 10/03/97

and Supervisor or Operator [Signature] Date 10/03/97

(Sign Once if Firm Official and Operator)

(Jim McLeslie)

NENW 21 52N 5W