

Use Typewriter
or
Ball Point Pen

Other IDWR No.

2. OWNER:

Name **ANNIE GOODSON**
Address **23220 TEN DAVIS ROAD**
City **PARMA** State **ID** Zip **83660**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

				N
			X	
V				

Twp. 5 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 14 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County _____ CANYON

Address of Well Site

23220 TEN DAVIS ROAD City **PARMA**
(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	
BENT	0	18	1	OVERBORE

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
6"	43	60'	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25		NO	TEST

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

[illegible]

Completed Depth **62' FROM TOP OF CASING** (Measurable)
Date: Started **12/4/94** Completed **12/9/94**

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	S.O.S.WELLDRLING	Firm No.	212
-----------	------------------	----------	-----

Firm Official Frank Schmitt Date 12-29-98

and
Supervisor or Operator Tony Hackett Date 12-29-94

(Sign once if Firm Official & Operator)