

7/94

FEB 05 1997

IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT

PORT  
058638

Use Typewriter  
or  
Ball Point Pen

Department of Water Resources

1. DRILLING PERMIT NO. 63-96-W-0918-000

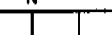
Other IDWR No.

**2. OWNER:**

Name DION FLAMING  
Address 19163 HINATH LANE  
City CALDWELL State MD Zip 21315

**3. LOCATION OF WELL by legal description:**

Sketch map location must agree with written location.


 Twp. 4 North ☒ or South ☐  
 Rge. 4 East ☐ or West ☒  
 Sec. 22 SE  $\frac{1}{4}$  SE  $\frac{1}{4}$  SE  $\frac{1}{4}$   
 Gov't Lot \_\_\_\_\_ County CANYON

Address of Well Site LOWER PLEASANT  
City CALDWELL

(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    | 18' | 10              | 8" OVER BORE |
|                  |      |     |                 |              |
|                  |      |     |                 |              |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200'  
Was drive shoe seal tested? Y ☐ N ☒ How?

**8. CASING/LINER:**

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6"       | 2'   | 200 | 250   |          | <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 5 Length of Tailpipe 0

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_  
☒ Screens Screen Type HUSTON

| From | To  | Slot Size | Number | Diameter | Material | Casing                              | Inner                    |
|------|-----|-----------|--------|----------|----------|-------------------------------------|--------------------------|
| 197  | 207 | 15        | 5'     | 5"       |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |     |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |     |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

\_\_\_\_\_ ft. below ground      Artesian pressure 0 lb.  
Depth flow encountered 12 GAL. PER MIN. Describe access port or  
control devices: WELL CAP

## 11. WELL TESTS:

☐ Pump    ☐ Bailer    ☐ Air    ☒ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 60              | 10'      | 207           | 1 hr |
|                 |          |               |      |
|                 |          |               |      |

Water Temp. 58 Bottom hole temp. 58

Water Quality test or comments: 900D

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

[illegible]

Completed Depth 207 (Measurable)  
Date: Started 12-19-96 Completed 1-7-97

### 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 Clearwater Drilling Firm No. 382

Firm Official B. Ranson Date 1-20-97

Supervisor or Operator \_\_\_\_\_ Date \_\_\_\_\_

(Sign once if Firm Official & Operator)

**FORWARD WHITE COPY TO WATER RESOURCES**