

CORRECTION

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Form 238-7
7/94

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

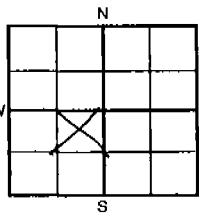
Use Typewriter
or
Ball Point Pen

60433

1. DRILLING PERMIT NO. 95-95-N-113
Other IDWR No. _____

2. OWNER:
Name BILL CALLIGAN
Address 5175 PRESSLY RD
City COEUR D'ALENE State ID Zip 84814

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



Twp. 50N North or South
Rge. 5W East or West
Sec. 32 1/4 N/E 1/4 S/W 1/4
Gov't Lot _____ County KOOTENAI

Address of Well Site PRESLEY RD
City _____
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:
 Domestic Municipal
 Thermal Injection

5. TYPE OF WORK
 New Well Modify or Repair

6. DRILL METHOD
 Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	From To	Sacks or Pounds	
BENTONITE	0 59		11	OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 59'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	59	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type _____ N/A

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
50 ft. below ground Artesian pressure N/A lb.
Depth flow encountered N/A ft. Describe access port or control devices: CAP
NE SW 32 50N 4W

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40EST	N/A	420	1HR

Water Temp. COLD Bottom hole temp. COLD
Water Quality test or comments: CLEAR NO ODOR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8	0	1	SOIL		X
	1	9	DECOMPOSED GRANITE TAN		X
	9	43	DECOMPOSED GRANITE TAN		X
	43	59	GRANITE BK/WH MED		X
	59	102	GRANITE DK/WH MED		X
	102	104	GRANITE BK/WH SOFT	X	
	104	265	GRANITE BK.WH MED		X
	265	320	GRANITE MOSTLY BK MED		X
	320	416	GRANITE BK/WH MED		X
	416	420	GRANITE BK/WH SOFT	X	

RECEIVED
JUL 09 1998
Department of Water Resources

Completed Depth 420' (Measurable)
Date: Started JULY 6 1995 Completed JULY 7 1995

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 UNITED DRILLING INC Firm No. 414
Firm Official Bill Calligan Date 7-7-95
and LARRY VANDERLINDEN
Supervisor or Operator Date 7-7-95
(Sign once if Firm Official & Operator)