

IDAHO DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

065513

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

1. WELL TAG NO. D 4797  
 DRILLING PERMIT NO. 11-98-E-0017  
 Other IDWR No. \_\_\_\_\_

2. OWNER:  
 Name Dale Friddle  
 Address 1650 Skyline Dr.  
 City Soda Springs State Id Zip 83276

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

N		Twp. <u>9</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>	
X		Rge. <u>42</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
E		Sec. <u>9</u> 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4	
S		Gov't Lot _____ County <u>Caribou</u>	
		Lat: _____ Long: _____	
		Address of Well Site <u>same</u>	
		City _____	

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

Lt. 15 Blk. \_\_\_\_\_ Sub. Name Wood Canyon

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		
<u>BENTONITE CHIPS</u>	<u>0</u> <u>19</u>	<u>450lbs</u>	<u>overbore</u>	

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
<u>8"</u>	<u>+1</u>	<u>19</u>	<u>250</u>	<u>Steel</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>8"</u>	<u>-5</u>	<u>25</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>6"</u>	<u>+1</u>	<u>380</u>	<u>"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS  
 Perforations \_\_\_\_\_ Method torch  
 Screens \_\_\_\_\_ Screen Type \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>360</u>	<u>380</u>	<u>4x12</u>	<u>30</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:  
325 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
<u>20 to 25</u>		<u>360</u>	<u>3 hrs</u>

Water Temp. 54° Bottom hole temp. 54°  
 Water Quality test or comments: \_\_\_\_\_  
 Depth first Water Encounter 350

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12 1/2"</u>	<u>0</u>	<u>1</u>	<u>overburden</u>		<input checked="" type="checkbox"/>
<u>5"</u>	<u>1</u>	<u>9</u>	<u>BROKEN TUFF</u>		<input checked="" type="checkbox"/>
<u>7 3/8"</u>	<u>9</u>	<u>20</u>	<u>Powder "</u>		<input checked="" type="checkbox"/>
	<u>20</u>	<u>89</u>	<u>Med. " White</u>		<input checked="" type="checkbox"/>
	<u>89</u>	<u>107</u>	<u>" " Gray</u>		<input checked="" type="checkbox"/>
	<u>107</u>	<u>181</u>	<u>Hard " "</u>		<input checked="" type="checkbox"/>
	<u>181</u>	<u>226</u>	<u>Med " Gray</u>		<input checked="" type="checkbox"/>
	<u>226</u>	<u>349</u>	<u>Hard " "</u>		<input checked="" type="checkbox"/>
	<u>349</u>	<u>377</u>	<u>BROKEN " "</u>		<input checked="" type="checkbox"/>
	<u>377</u>	<u>380</u>	<u>Hard " "</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>380</u>	<u>420</u>	<u>" "</u>		<input checked="" type="checkbox"/>

RECEIVED

RECEIVED OCT 14 1998

Department of Water Resources  
Eastern Region

OCT 16 1998

Department of Water Resources

MICROFILMED

NOV 24 1998

Completed Depth 420 (Measurable)  
 Date: Started 9-17-91 Completed 9-21-98

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

Company Name NELSON DRILLING Firm No. 215  
 Firm Official Ray Nelson Date 9-24-98  
 and  
 Driller or Operator [Signature] Date 9-24-98  
 (Sign once if Firm Official & Operator)