

Form 238-7
4/92
DMD

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

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER
Name DeMar Romrell
Address 6000 Pegram Rd Montpelier, ID
Drilling Permit No. 11-93E-008
Water Right Permit No. _____

7. WATER LEVEL
Static water level 107 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK
 New well Deepened Replacement
 Well diameter increase Modification
 Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
2	150	2

3. PROPOSED USE
 Domestic Irrigation Monitor
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG 70516

4. METHOD DRILLED
 Rotary Air Auger Reverse rotary
 Cable Mud Other _____
(backhoe, hydraulic, etc.)

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	25			
6	25	259			
	0	12	cobbles & clay		
	12	65	clay sticky		
	65	107	clay dry		
	107	126	hardpan		
	126	153	sandstone gray		
	153	155	gravel lightly cemented	xx	
	155	192	clay dry		
	192	196	sandstone		
	196	230	clay dry		
	230	254	shale		
	254	259	clay dry		

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other _____
Thickness _____ Diameter _____ From _____ To _____
.280 inches 6 ID inches + 1 1/2 feet 35 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet

Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch Gun
Size of perforation? _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

Well screen installed? Yes No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 25 Material used in seal: Cement grout
 Bentonite Puddling clay _____
Sealing procedure used: Slurry pit
 Temp. surface casing Overbore to seal depth
Method of joining casing: Threaded Welded
 Solvent Weld Cemented between strata

Describe access port well cap

RECEIVED

JUL 14 1993

Department of Water Resources
Eastern District Office
RECEIVED

AUG 09 1993

Department of Water Resources

FEB 09 1994

6. LOCATION OF WELL
Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____
County Bear Lake

Address of Well Site _____
(give at least name of road)
NW 1/4 SW 1/4 Sec. 19, R. 46 T. 16 N or S
E or W

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

Firm Name Westlake Drilling Firm No. 114
184 N. 7St
Address Montpelier ID Date July 3, 1993

Signed by Drilling Supervisor Elroy Westlake
and
(Operator) Elroy Westlake
(If different than the Drilling Supervisor)