

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

(6)

1. WELL TAG NO. D 0088275

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name M'GEE I LLC.Address 435 WOOD VIEW RD.City SANDPOINT State ID Zip 83864

3. WELL LOCATION:

Twp 54 North ☒ or South ☐ Rge 4 East ☐ or West ☒Sec 10 1/4 NW 1/4 2W 1/4County BONNERLat 48 0 2.2748 (Deg. and Decimal minutes)Long -116 0 49.6264 (Deg. and Decimal minutes)Address of Well Site SAWBUCK ROADCity PREST REVERLot 6 Blk. _____ Sub. Name SAWBUCK ESTATES

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Sealant material PORTLAND CEMENT From (ft) 0 To (ft) 18 Quantity (lbs or ft³) 450 LBS. Placement method/procedure OVERBURECHIP DRY POUR

8. CASING/LINER:

Diameter (in.) 6 From (ft) 12 To (ft) 198 Gauge/Schedule .250" Material STEELCasing Liner ☒ Threaded ☐ Welded ☒☐ ☐ ☐ ☐

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 170 Static water level (ft) 170Water temp (°F) COLD Bottom hole temp (°F) COLDDescribe access port WELDED PLATE

Well test: _____ Test method: _____

Drawdown (feet) 700 Discharge or yield (gpm) 35 Test duration (minutes) 60Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐Water quality test or comments: GOOD

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in.) From (ft) To (ft) Remarks, lithology or description of repairs or abandonment, water temp.

10 0 1 TOP SOIL

10 1 4 SANDY CLAY

10 4 18 LOOSE SAND & LARGE COBBLES

10 18 51 CEMENTED SAND, GRAVEL, CLAY

10 51 78 12" W/BOULDERS

10 78 170 12" W/WATER

10 170 200 PER GRAVEL, SAND, WATER

10 200 200 PER GRAVEL, SAND, WATER

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DRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House

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Completed Depth (Measurable) 200'Date Started 6/24/21 Date Completed 6/25/21

14. DRILLER'S CERTIFICATION:

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

Company Name AAA SWEETWATER DRILLING Co. No. 509Principal Driller Mark Pitts Date 7/7/21Driller Robin Pitts Date 6/29/21

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required