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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0055842

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:
Name Mary Susan Roach
Address P.O. Box 470
City McColl State Id Zip 83638

3. WELL LOCATION:
Twp. 10 North or South Rge. S East or West
Sec. 17 10 acres 1/4 40 acres NE SW 1/4 160 acres 1/4

Gov't Lot _____ County Washington
Lat. 44 0 12.057 (Deg. and Decimal minutes)
Long. 116 0 58.209 (Deg. and Decimal minutes)
Address of Well Site 339 Airport Rd
City Weiser

(Give at least name of road + Distance to Road or Landmark)
Lot. 99 Blk. _____ Sub. Name Sunnyside Orchard Tracts

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:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>Bentowite</u>	<u>0</u>	<u>21</u>	<u>24 FT³</u>	<u>Pour</u>
<u>Chip</u>				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>125</u>	<u>237</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>6</u>	<u>237</u>	<u>289</u>		<u>ST. ST.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>6</u>	<u>289</u>	<u>369</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:
Perforations Y N Method _____
Manufactured screen Y N Type ST ST
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>237</u>	<u>289</u>	<u>25</u>		<u>6.6</u>	<u>ST. ST.</u>	

Length of Headpipe _____ Length of Tailpipe _____
Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:
Flowing Artesian? Y N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 10 Static water level (ft) 10
Water temp. (°F) 60 Bottom hole temp. (°F) 60
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>20</u>	<u>50</u>	<u>180</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

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.	Water	
				Y	N
<u>10.7</u>	<u>0</u>	<u>9</u>	<u>Brown Clay</u>		<input checked="" type="checkbox"/>
<u>10.7</u>	<u>9</u>	<u>29</u>	<u>(29) Gravel</u>	<input checked="" type="checkbox"/>	
<u>10.7</u>	<u>29</u>	<u>34</u>	<u>Blue Clay</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>34</u>	<u>364</u>	<u>Blue Clay</u>		<input checked="" type="checkbox"/>

RECEIVED
OCT 05 2009
WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): 36'
Date Started: 8-14-09 Date Completed: 8-16-09

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 Rob Dawson INC Co. No. 589
*Principal Driller Rob Dawson Date 10-2-09
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.