

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0052434
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Robert & Judith Peters
Address 1084 Rockcreek Rd
City Weiser State ID Zip 83672

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 11 North ☒ or South ☐
Rge. 6 East ☐ or West ☒
Sec. 10 NE 1/4 SW 1/4 NW 1/4
Gov't Lot _____
County Washington
Lat: 44:18:42S Long: 117:02:93E
Address of Well Site NONE. 350yds N of Rock Creek Rd #440yds City Weiser
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name East of Rock Creek Drive Way

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 Material	From	To	Weight / Volume	Seal Placement Method
Mastecement	8	265	3.3yd3	Pump-Tremie
Bentonite	+1	8	3FT3	Pour

Was drive shoe used? ☒ N ☐ N Shoe Depth(s) 265
Was drive shoe seal tested? ☒ Y ☐ N How? H₂O cement

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	+1	225	250	Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	+2	265	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

ft. below ground _____ Artesian pressure 5 lb.
Depth flow encountered 274 ft. Describe access port or control devices: Flange & valves & fittings per P. Whitney

849728
Office Use Only
Well ID No. 419608
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☒ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
A 75+	274	274	2 hrs
B 20			2 days

Water Temp. _____ Bottom hole temp. 77

Water Quality test or comments: _____

Depth first Water Encounter 13

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	3	Black Clay Soil		X
12	3	5	Black Clay		X
	5	13	Soft Silty Clay		X
	13	18	Gravel	X	
	18	25	Cemented Gravel & Gravel	X	
10	25	27	Brown Clay		X
10	27	71	Blue Gummy Clay		X
	71	71+	Hard white (calcium)?		X
	71+	245	Blue Gray Clay & some shale		X
	245	250	Blue Shale		X
10	250	260	Gray Clay		X
10	260	265	Gray Shale		X
6	265	272	S Gray Shale		X
6	272	274	Broken Shale		X

10" Conductor studs, 225' cemented & Bentonite

RECEIVED

DEC 20 2007

WATER RESOURCES
WESTERN REGION

Completed Depth 274 (Measurable)

Date: Started 10-23-07 Completed 11-5-07

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 Robert Dawson, Inc Firm No. 589

Principal Driller R. Dawson Date 12-18-07

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.