

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0051224
 DRILLING PERMIT NO. 843982
 Water Right or Injection Well No. _____

2. OWNER:
 Name Darrel Newman
 Address HC 66 Box 465
 City Kooskia State ID Zip 83539

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 32 North or South
 Rge. 4 East or West
 Sec. 30 NE 1/4 NE 1/4 1/4
 County Idaho
 Lat: _____ Long: _____
 Address of Well Site 1 mile up Cottonwood Creek Rd
 City Stites
 Lt. _____ Blk. _____ Sub. Name _____

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
Bentonite	0	18	12 sk	Overbore
Granuals				Poured

Was drive shoe used? Y N Shoe Depth(s) 18
 Was drive shoe seal tested? Y N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	18	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	-15	145	160	PVC	<input type="checkbox"/>	<input checked="" 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 Saw Cut
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
105	145	1/8x6	60	6	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
30 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 120 ft. Describe access port or control devices:
Well Cap

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100			1 hr

Water Temp. 52 Bottom hole temp. _____
 Water Quality test or comments: Cool & Clear
 Depth first Water Encounter 120

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
12	0	5	Top Soil & Clay	
12	5	16	Broken Basalt	
12	16	18	Basalt	
8	18	62	Basalt	
8	62	65	Fractured Baslat	
8	65	120	Basalt	
8	120	125	Fractured Basalt	X
8	125	128	Blue Shale	
8	128	145	Basalt	X

RECEIVED
JAN 22 2007
IDWR/North

RECEIVED
DEC 07 2006
IDWR/North

Steel Casing
comes in 20'
lengths - Not
welded

Completed Depth 145 (Measurable)
 Date: Started 12/1/06 Completed 12/1/06

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 Stuivenga Vessey Drilling License No. 545
 Principal Driller [Signature] Date 12-1-06
 and Driller or Operator II [Signature] Date 12-1-06
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

32 N 4 E 30