

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 0051223
DRILLING PERMIT NO. 843957
Water Right or Injection Well No. _____



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

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50			1 hr

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

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. 19 SW 1/4 SW 1/4 1/4
Gov't Lot _____
County Idaho
Lat: : : Long: : :
Address of Well Site Cottonwood Creek Road - up
2 miles City Stites
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

Depth first Water Encounter 100

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	18	Broken Basalt		X
10	18	32	Fractured Basalt		X
10	32	34	Basalt		X
8	34	80	Basalt		X
8	80	90	Fractured Basalt		X
8	90	100	Soft Black Basalt	X	
8	100	125	Basalt		X

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	8 Sks	Overbore
Granuals				Poured

Was drive shoe used? Y N Shoe Depth(s) 34
Was drive shoe seal tested? Y N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	34	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	-25	125	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
80	120	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:
10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 100 ft. Describe access port or control devices: _____
Well Cap

Completed Depth 125' (Measurable)
Date: Started 11/29/06 Completed 11/30/06

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 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 19 SW SW