

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN
RECEIVED

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

MAY 7 1991

1. WELL OWNER
Name HILLMAN RANCH
Address HC 69 Box 3900 Cambridge, Id.
Drilling Permit No. 69-91-W-002
Water Right Permit No. _____

7. WATER LEVEL Department of Water Resources
Western Regional Office
Static water level 54 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature 57 °F. Quality good
Describe artesian or temperature zones below.

2. NATURE OF WORK
 New well Deepened Replacement
 Well diameter increase
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA
 Pump Bailor Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>4</u>	<u>158</u>	<u>2</u>

080055

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	1	TOP SOIL		X
8	1	17	BROWN CLAY + BASALT BOULDERS		X
8	17	30	BROWN BASALT		X
8	30	41	BLUE BASALT		X
8	41	46	BROWN BASALT		X
8	46	53	Blue + BROWN BASALT		X
8	53	57	Redish BROWN + BLUE BASALT		X
8	57	78	Blue + BROWN BASALT		X
8	78	82	BLUE FRACTURED BASALT		X
8	82	95	HARD BLUE BASALT		X
8	95	97	Redish BROWN + BLUE BASALT		X
8	97	104	Blue + BROWN BASALT		X
8	104	140	HARD BLUE BASALT		X
8	140	147	BROKEN BLUE BASALT		X
6	147	152	Blue + BROWN BASALT		X
6	152	157	Blue + GREEN BROKEN CLAYSTONE	X	
6	157	160	Blue, GREEN + Red BROKEN CLAYSTONE	X	
6	160	178	BROWN CLAY		X
6	178	187	BROWN CLAY w/ BASALT SAND		X
6	187	200	BROWN BASALT TUFF w/ QUARTZ		X
6	200	212	BROWN BASALT TUFF w/ CLAY SEAMS		X
6	212	230	BLUE BASALT TUFF w/ CLAY SEAMS		X

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>159</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch Gun
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 147 Material used in seal: Cement grout
 Bentonite Puddling clay _____
Sealing procedure used: Slurry pit Temp. surface casing
 Overbore to seal depth
Method of joining casing: Threaded Welded Solvent
Weld _____
 Cemented between strata
Describe access port SANITARY WELL SEAL

6. LOCATION OF WELL
Sketch map location must agree with written location.

N			
W		X	
S			

Subdivision Name _____
Lot No. _____ Block No. _____
County WASHINGTON
NE 1/4 NE 1/4 Sec. 1, T. 16 N 5 E 5 W

10. Work started 4-15-91 finished 4-20-91

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name GESTRIN WELL DRILLING Firm No. 408
Address HC 38 Box 10 Donnelly, Id. Date 4-20-91
Signed by (Firm Official) Robert W. Gestrin
and Robert W. Gestrin
(Operator)