

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

770361

1. WELL TAG NO. D 0020068
 DRILLING PERMIT NO. _____
 Other DWR No. _____

2. OWNER: Robert Bravo
 Name _____
 Address 00000 South Orchard Street
 City Boise State ID Zip 83716

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

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Twp. 1 North X or South
 Rge. 4 East X or West
 Sec. 32 NW 1/4 NW 1/4
 Gov't Lot _____ County Ada State
 Lat. _____ Long. _____
 Address of Well Site 1/4 mile behind Stage Stop
 City Boise

(Draw at least three of road, T, Distance to Road or Landmark)
 Lt. _____ Bk. _____ 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/FILTER PACK	AMOUNT	METHOD
Material	Sacks or Amounts	
Bentonite	0 20	overtone

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	20	250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 1/4"	19	160	PVC	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
19	160	40	4 1/4"	PVC		<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

24 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Well Cap

11. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time
2	160		3hrs.

Pump Baller Air Flowing Artesian

Water Temp. 65 Bottom hole temp. 65
 Water Quality test or comments: Good

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	3	overburden		X
10"	3	7	hard pan		X
10"	7	16	gravel		X
10"	16	26	clay		X
6"	26	56	Lava		X
6"	56	68	clinders		X
6"	68	100	decomposed granite		X
6"	100	110	red clinders		X
6"	110	123	decomposed granite		X
6"	123	140	clay		X
6"	140	160	granite		X

RECEIVED

AUG 15 2001

Department of Water Resources

RECEIVED

AUG 06 2001

WATER RESOURCES
WESTERN REGION

Completed	Depth	160	Completed	11/7/02/2000
Date: Started	11/06/2000		Completed	11/7/02/2000

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Ed L. Holder Drilling Firm No. 578

Firm Official _____ Date 11/10/2000

Driller or Operator _____ Date _____