

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

59219

| Office Use Only | | |
|---|-------------|-----------|
| Inspected by | _____ | |
| Twp | Rge | Sec |
| _____ 1/4 | _____ 1/4 | _____ 1/4 |
| Lat: _____ | Long: _____ | _____ |
| <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Flowing Artesian | | |

1. WELL TAG NO. D 0012208
 DRILLING PERMIT NO. 61-99-W-0062-000
 Other IDWR No. _____

2. OWNER:
 Name Shelly C. Smith
 Address PO BOX 1254
 City Mountain Home State Id Zip 83647

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

| | |
|------------------------|---|
| N W E S | Twp. <u>2</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/> |
| | Rge. <u>4</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/> |
| | Sec. <u>21</u> 1/4 <u>SE</u> 1/4 <u>SE</u> 1/4 |
| | Gov't Lot _____ County <u>Ada</u> 10 acres 40 acres 160 acres |
| Lat: _____ Long: _____ | |

Address of Well Site 1 Mile NE of Cinder Butte City _____
 (Give at least name of road + Distance to Road or Landmark)

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/FILTER PACK | | AMOUNT | | METHOD |
|------------------|------|--------|-----------------|-----------|
| Material | From | To | Sacks or Pounds | |
| Bentonite | 0 | 18 | 50 sacks | over bore |

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

8. CASING/LINER:

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|----------|------|--------|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 10" | 105 | 20 | .250 | Steel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8" | 20 | Plus 2 | .250 | Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6" | 310 | 370 | .250 | Steel | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe: NONE Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method NONE
 Screens Screen Type NONE

| 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"/> |

The 8+10" is put in as one continuous string

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

- Pump Bailer Air Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|--------|
| 5 G.P. | NONE | 342 | 1/2 hr |

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: _____

Depth first Water Encounter 342

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

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----------|------|-----|---|---|---|
| 12" | 0 | 85 | Brown clay | | X |
| 12" | 85 | 98 | Broken basalt | | |
| 12" | 98 | 170 | Grey-brown basalt | | |
| 10" | 170 | 195 | Brown basalt | | |
| 8" | 195 | 225 | Dark Grey basalt (very hard) | | X |
| 8" | 225 | 345 | Grey basalt | X | X |
| 8" | 345 | 370 | fine Gravel + sand | X | |
| 6" | 370 | 410 | Brown basalt | | X |
| 6" | 410 | 510 | Grey-brown basalt | X | |

RECEIVED

DEC 29 1999

Department of Water Resources

RECEIVED

DEC 27 1999

WATER RESOURCES
WESTERN REGION

Completed Depth 510 (Measurable)
 Date: Started 8 Sept 1999 Completed 14 Dec 1999

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 Carl Hickory Well Drilling Firm No. 160

Firm Official Carl Hickory Date 12-23-99

and Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)