

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

PH 5

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

1. WELL TAG NO. D 0043236
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Ronald Conklin
 Address P.O. Box 67
 City Bliss State ID Zip 83314

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 6 North or South
 Rge. 14 East or West
 Sec. 31 1/4 NE 1/4 NW 1/4
 Gov't Lot _____
 County Hooding 10 acres 40 acres 160 acres
 Lat: 42 : 51.839 Long: 114 : 50.754
 Address of Well Site 1230 Old Maid River Hwy
 City Bliss
 (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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>4 bags</u>	<u>poured</u>

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
<u>6</u>	<u>+2</u>	<u>21</u>	<u>1.20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input 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 _____
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____
 _____ Depth first Water Encounter _____

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>7</u>	<u>topsoil</u>		
	<u>7</u>	<u>17</u>	<u>grey basalt</u>		
	<u>17</u>	<u>20</u>	<u>brown ash</u>		
	<u>20</u>	<u>23</u>	<u>grey basalt</u>		
	<u>23</u>	<u>49</u>	<u>grey basalt</u>		<input checked="" type="checkbox"/>
	<u>49</u>	<u>136</u>	<u>fractured grey basalt</u>	<input checked="" type="checkbox"/>	
	<u>136</u>	<u>145</u>	<u>brown ash</u>		<input checked="" type="checkbox"/>
	<u>145</u>	<u>164</u>	<u>fractured grey basalt</u>	<input checked="" type="checkbox"/>	
	<u>164</u>	<u>170</u>	<u>black cinders</u>	<input checked="" type="checkbox"/>	
	<u>170</u>	<u>200</u>	<u>TAN CLAY</u>		<input checked="" type="checkbox"/>

*ACTUAL hole sizes ARE
8 3/4" + 6 1/8"*

RECEIVED
 OCT 04 2006
 DEPT. OF WATER RESOURCES
 SOUTHERN REGION

Completed Depth 200' (Measurable)
 Date: Started 9-13-06 Completed 9-13-06

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 Elsing Drilling + Pump Firm No. 669
 Principal Driller Craig Egan Date 9-14-06
 and Driller or Operator II _____ Date _____
 Operator I Alex Rutter Date 9-14-06
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.