

Spock name



2005 A

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

832869
Office Use Only
Well ID No. **403454**
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0039075
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name TAVIS RECHE
Address 850 RUSH W.
City EAGLE State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub, or Directions to well.
Twp. 4 North or South
Rge. 1 East or West
Sec. 5 SW 1/4 NW 1/4 1/4
Gov't Lot _____
County ADA 1/4
Lat: : : Long: : :
Address of Well Site SAME
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" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	21	650 lbs	10" OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 138'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	138	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	135	140	.258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	150	152	.258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5' Length of Tailpipe 2'
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation JOHNSON / DROP IN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	150	.020	304	5"	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

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

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100 +			1 1/2 hr.

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

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2	TOP SOIL		X
	2	21	SANDY CLAY		X
6"	21	26	SANDY CLAY		X
	26	51	GRAVEL		X
	51	56	BEN. CLAY		X
	56	60	RED SAND	X	
	60	118	SANDY CLAY w/SAND	X	
	118	121	COARSE SAND	X	
	121	136	SANDY CLAY w/SAND	X	
	136	140	SANDY CLAY		X
	140	152	COARSE WHITE SAND	X	

RECEIVED
MAY 19 2005
WATER RESOURCES
WESTERN REGION

Completed Depth 152' (Measurable)
Date: Started 4/27/05 Completed 4/28/05

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 DENNIS APPPS WELL DRILLING INC. Firm No. 332
Principal Driller [Signature] Date 4/29/05
and Driller or Operator II [Signature] Date 4-29/05
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

2006 A

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

839091

Office Use Only
Well ID No. 409435
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D D0042706
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name LONNIE MORRIS
Address 3875 N. BALLANTINE LN.
City EAGLE State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 31 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County ADA
Lat: : : Long: : :
Address of Well Site SAME City EAGLE
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" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/8 BENTONITE</u>	<u>0</u>	<u>20</u>	<u>650 lbs.</u>	<u>10' OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 198'
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 1/2</u>	<u>198</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>196</u>	<u>207</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>217</u>	<u>218</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 11.0 Length of Tailpipe 1.0
Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation JOHNSON / WASHDOWN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>207</u>	<u>217</u>	<u>.020</u>	<u>304</u>	<u>5"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

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

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>70 +</u>			<u>1/2 hr.</u>

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

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>20</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>20</u>	<u>93</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>93</u>	<u>105</u>	<u>GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>105</u>	<u>118</u>	<u>BRN. CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>118</u>	<u>151</u>	<u>BRN. SAND</u>	<input checked="" type="checkbox"/>	
	<u>151</u>	<u>170</u>	<u>BLUE SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>170</u>	<u>173</u>	<u>BRN. CLAY</u>		<input checked="" type="checkbox"/>
	<u>173</u>	<u>178</u>	<u>BRN. CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>178</u>	<u>181</u>	<u>BRN. SAND</u>	<input checked="" type="checkbox"/>	
	<u>181</u>	<u>194</u>	<u>BRN. CLAY W/SAND</u>	<input checked="" type="checkbox"/>	
	<u>194</u>	<u>204</u>	<u>BRN. CLAY</u>		<input checked="" type="checkbox"/>
	<u>204</u>	<u>214</u>	<u>COARSE WHITE SAND</u>	<input checked="" type="checkbox"/>	
	<u>214</u>	<u>218</u>	<u>BRN. SANDY CLAY</u>		<input checked="" type="checkbox"/>

Completed Depth 218' (Measurable)
Date: Started 4/6/06 Completed 4/10/06

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 D P W D Firm No. 332
Principal Driller Mark Ryan Date 4/11/06
and
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

WELL DRILLER'S REPORT

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

Revised 8-13-74 WK

1. WELL OWNER
 Name Ron Shuer
 Address West of Bullentine 939-0469
North of Beacon
 Owner's Permit No. _____

7. WATER LEVEL
 Static water level 15 feet below land surface
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning) _____

8. WELL TEST DATA
 Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>20 gal/min</u>		<u>48 hours</u>

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

9. LITHOLOGIC LOG 042972

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6	0	2	Topsoil		<input checked="" type="checkbox"/>
	2	60	sand + clay		<input checked="" type="checkbox"/>
	60	150	muddy sand		<input checked="" type="checkbox"/>
	150	162	sand		<input checked="" type="checkbox"/>

134' top of 5" pipe

4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
 Diameter of hole 6 inches Total depth 162 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>154</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

 Was a packer or seal used? Yes No
 Perforated? Yes No
 How perforated? Factory Knife Torch
 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 Johnson Model No. Steelcut
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Diameter 5 Slot size 25 Set from _____ feet to _____ feet
 Gravel packed? Yes No Size of gravel _____
 Placed from _____ feet to _____ feet
 Surface seal depth 18 Material used in seal Cement grout
 Puddling clay Well cuttings
 Sealing procedure used Slurry pit Temporary surface casing
 Overbore to seal depth

6. LOCATION OF WELL
 Sketch map location must agree with written location. (63)

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County ada
SE 1/4 NE 1/4 Sec. 31, T. 5, N. 1, R. 1 E 10

10. Work started _____ finished 18 Feb 74

11. DRILLERS CERTIFICATION
 Firm Name Danell Dullay Firm No. 111
 Address Rt 2 Mendenhall Date _____
 Signed by (Firm Official) Danell Dullay
 (Operator)

2006 B

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

844703

Office Use Only			
Well ID No.	414861		
Inspected by	_____		
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat: : :	Long: : :		

1. WELL TAG NO. D D0047409
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Bob Wood
 Address 1380 MEANDER DR.
 City EAGLE State ID. Zip 83704

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. S North or South
 Rge. 1 East or West
 Sec. 38 NW 1/4 SW 1/4 1/4 1/4
 Gov't Lot _____ County ADA 160 acres
 Lat: : : Long: : :
 Address of Well Site SAME City EAGLE

(Give at least name of road - Distance to Road or Landmark)
 Lt. 1 Blk. 3 Sub. Name Eagle Pines

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" WELL

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>5/8 BENTONITE</u>	<u>0</u>	<u>20</u>	<u>750 lbs.</u>	<u>10" OVERBORE</u>

Was drive shoe used? Y N Shoe Depth(s) 206'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1 1/2</u>	<u>206</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>203</u>	<u>208</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>218</u>	<u>220</u>	<u>.258</u>	<u>STEEL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0
 Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
 Screen Type & Method of Installation JOHNSON / PULLBACK

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>208</u>	<u>218</u>	<u>.020</u>	<u>304</u>	<u>5"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

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

12. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40</u>			<u>1/2 hr.</u>

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

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>2</u>	<u>4</u>	<u>HARD PAN</u>		<input checked="" type="checkbox"/>
	<u>4</u>	<u>20</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>20</u>	<u>83</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>83</u>	<u>104</u>	<u>SAND & GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>104</u>	<u>120</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>120</u>	<u>141</u>	<u>SAND w/CLAY STREKS.</u>	<input checked="" type="checkbox"/>	
	<u>141</u>	<u>172</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
	<u>172</u>	<u>188</u>	<u>SANDY CLAY</u>		<input checked="" type="checkbox"/>
	<u>188</u>	<u>191</u>	<u>SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>191</u>	<u>195</u>	<u>CLAY w/SAND STREKS.</u>	<input checked="" type="checkbox"/>	
	<u>195</u>	<u>201</u>	<u>SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>201</u>	<u>205</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
	<u>205</u>	<u>210</u>	<u>COARSE SAND</u>	<input checked="" type="checkbox"/>	
	<u>210</u>	<u>213</u>	<u>COARSE SAND w/CLAY</u>	<input checked="" type="checkbox"/>	
	<u>213</u>	<u>220</u>	<u>COARSE SAND</u>	<input checked="" type="checkbox"/>	

RECEIVED

NOV 07 2006

WATER RESOURCES
WESTERN REGION

Completed Depth 220' (Measurable)
 Date: Started 10/17/06 Completed 10/25/06

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 DPWO Firm No. 332
 Principal Driller [Signature] Date 10-26-06
 and Driller or Operator II _____ Date _____
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

2007 A

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

847712

Office Use Only
Well ID No. 477690
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

1. WELL TAG NO. D D0048256
DRILLING PERMIT NO. 900781-847712
Water Right or Injection Well No. 63-1534 663-10596

2. OWNER:
Name Robert Steele
Address 10805 Chaparral Rd.
City Eagle State Id. Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 17 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County ADA
Lat: 43:46:55.2 Long: 116:28:40.3
Address of Well Site Same as above
City _____
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 Replacement

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>20'</u>	<u>750 lbs</u>	<u>Dry Poured</u>

Was drive shoe used? Y N Shoe Depth(s) 323
Was drive shoe seal tested? Y N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>#1</u>	<u>323</u>	<u>.25</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe N/A Length of Tailpipe N/A
Packer Y N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method N/A
Screen Type & Method of Installation _____

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
180 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 252' Describe access port or control devices: well cap

12. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6 GPM</u>		<u>540'</u>	<u>30 min.</u>

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

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12"</u>	<u>0</u>	<u>20'</u>	<u>Top Soil & DIRT</u>		<input checked="" type="checkbox"/>
<u>8"</u>	<u>20'</u>	<u>260'</u>	<u>Sand (water @ 252')</u>	<input checked="" type="checkbox"/>	
<u>8"</u>	<u>260'</u>	<u>310'</u>	<u>Sand</u>	<input checked="" type="checkbox"/>	
<u>8"</u>	<u>310'</u>	<u>370'</u>	<u>Clay</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>370'</u>	<u>565'</u>	<u>Clay (water @ 380')</u>	<input checked="" type="checkbox"/>	

RECEIVED
OCT 19 2007
WATER RESOURCES
WESTERN REGION

Completed Depth 565' (Measurable)
Date: Started 8/9/07 Completed 8/16/07

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 ALL STATE Drilling Firm No. 561
Principal Driller Ray Jones Date 8/20/07
and _____ Date _____
Driller or Operator II _____ Date _____
Operator I Matthew K. Bond Date 8/22/07
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

WELL DRILLER'S REPORT

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

Received 10-2-74

1. WELL OWNER
Name BERTHA KEZAR
Address 10074 1st Ave
Owner's Permit No. Honolulu Calif

7. WATER LEVEL
Static water level 135 feet below land surface
Flowing? Yes No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by Valve Cap Plug

2. NATURE OF WORK Permit # 83-7583
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA Red Jacket 1 H.P. S.C.C.
 Pump Bailer Other
Discharge G.P.M. 20 Draw Down 0 Hours Pumped 18

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

9. LITHOLOGIC LOG

4. METHOD DRILLED
 Cable Rotary Dug Other

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	80	Topsoil		X
	10	80	Clay		X
	80	140	Sandy Clay		X
	140		sand with water	X	
	140	144	Sand - fine		
	144	197	Clay Brown		X
	197		Sandy Clay		
			would not stand open		
			144-197		
	197	254	Sand water	X	
			Put down to 254		
			199 ft		
			1 h.p. Pump		
			309 P.M.		

5. WELL CONSTRUCTION
Diameter of hole 8 inches Total depth 254 feet
Casing schedule: Steel Concrete
Thickness Diameter From To
1/2 inches _____ inches + _____ feet _____ feet
5/16 inches 8 inches + 2 feet 40 feet
1/2 inches 8 inches 40 feet 196 feet
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
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 3/4
Placed from 200 feet to 274 feet
Surface seal depth 40 Material used in seal Cement grout
 Pudding clay Well cuttings
Sealing procedure used Sherry pit Temporary surface casing
 Overbore to seal depth

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County Ada
NE 1/4 NE 1/4 Sec. 17, T. 5 N., R. 1 E.

10. Work started Sept 2-74 finished 9-30-74

11. DRILLERS CERTIFICATION
Firm Name Brewer Driller Firm No. 176
Address Carl R. Brewer Date 9-30-74
Signed by (Firm Official) Carl R. Brewer
and
(Operator) W. BREWER

2007 B

63

848484

Form 238-7
3/95-C96

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

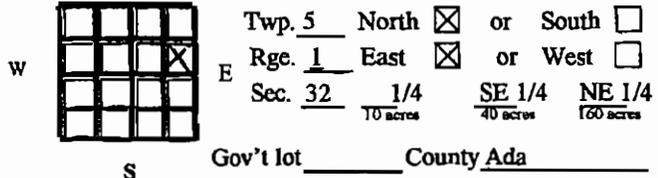
Office Use Only			
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat:	:	Long:	:

Tag # 00048213 TAG # 0048215

1. DRILLING PERMIT NO. 0-0-4-8213-
Other IDWR No. _____

2. OWNER:
Name Jill Kohler
Address 4005 N. Eagle Rd.
City Eagle State ID _____ Zip 83616

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



Lat: 43:43:895 Long: 116:21:328

Address of Well Site 4005 N. Eagle Rd.
City Eagle

(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 replace

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	260	80 Sack	Drv Pour
Colorado Sand	260	300	64 Sacks	Drv Pour

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
8"	+1	280	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	.025	—	6"	SS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
139ft. below ground Artesian Pressure _____ lb
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
120GPM	100ft	252ft	24 hours

Water Temp. 57 DegF Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 139'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water				Y	N
Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.		
12"	0	2	Top Soil		<input checked="" type="checkbox"/>
"	2	8	Brown Sandy Clay		<input checked="" type="checkbox"/>
"	8	23	Coarse Sand		<input checked="" type="checkbox"/>
"	23	37	Sandy Clay		<input checked="" type="checkbox"/>
"	37	50	Coarse Sand		<input checked="" type="checkbox"/>
"	50	59	Sandy Clay		<input checked="" type="checkbox"/>
"	59	65	Sand		<input checked="" type="checkbox"/>
"	65	94	Tan Clay		<input checked="" type="checkbox"/>
"	94	96	Sand		<input checked="" type="checkbox"/>
"	96	107	Sandy Clay		<input checked="" type="checkbox"/>
"	107	112	Sand		<input checked="" type="checkbox"/>
"	112	123	Tan Sandy Clay		<input checked="" type="checkbox"/>
"	123	152	Gravel and Sand		<input checked="" type="checkbox"/>
"	152	171	Tan Clay		<input checked="" type="checkbox"/>
"	171	173	Sand		<input checked="" type="checkbox"/>
"	173	195	Tan Clay		<input checked="" type="checkbox"/>
"	195	199	Sand		<input checked="" type="checkbox"/>
"	199	201	Tan Clay		<input checked="" type="checkbox"/>
"	201	220	Sand		<input checked="" type="checkbox"/>
"	220	241	Tan Clay		<input checked="" type="checkbox"/>
"	241	260	Sand		<input checked="" type="checkbox"/>
"	260	275	Tan Clay		<input checked="" type="checkbox"/>
"	275	281	Sand		<input checked="" type="checkbox"/>
"	281	282	Tan Clay		<input checked="" type="checkbox"/>
"	282	284	Sand		<input checked="" type="checkbox"/>
"	284	285	Tan Clay		<input checked="" type="checkbox"/>
"	285	289	Sand		<input checked="" type="checkbox"/>
"	289	293	Sandy Clay		<input checked="" type="checkbox"/>
"	293	300	Sand		<input checked="" type="checkbox"/>

RECEIVED
AUG 06 2007
WATER RESOURCES
WESTERN REGION

Completed Depth: 300 (Measurable)
Date: Started 7-13-07 Completed 7-20-07

13. DRILLER'S CERTIFICATION

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

Firm Name COONSE WELL DRILLING Firm No. 409

Firm Official [Signature] Date 7-27-07

Supervisor or Operator [Signature] Date 7-27-07
(Sign once if Firm Official & Operator)

Date: 7/27/2007 Time: 3:17:34 PM

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

RECEIVED Log No. Rec. MAY 17, 1955 Well No. Department of Reclamation Permit No. G-25542

(DO NOT FILL IN)

Owner: Lloyd Buckett Address: Eagle Idaho Driller: Johnny L. Johnson Address: 221 No 26 Lic. No. 24 Location of Well: E 1/4 SE 1/4 NE 1/4 Sec. 32 T. 5 N. R. 1 E/W County, and feet N/S, and feet E/W from Corner of 1/4 1/4 Sec. Size of Drilled Hole: 8" Total depth of Well: 158' Give depth of standing water from surface: 124' Water Temp: °Fahrenheit On pumping test delivery was: Barler test only g.p.m. or c.f.s. Drawdown was: none feet. Size of pump and motor used to make the test: Length of time pumped during check was: hr., minutes. If flowing well, give flow in c.f.s. or g.p.m. and shut in pressure. If flowing well, describe control works (TYPE AND SIZE OF VALVE, ETC.) Water will be used for: Irrigation Weight of casing per linear foot: 19.66 Thickness of casing: Casing material: E.G., PIPE, CONCRETE, WOOD. Diameter, length and location of casing: 159' (CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.) Number and size of perforations: 1/8" x 5" located 138' feet to 158' feet from surface of ground. Other perforations: none Date of commencement of well: April 11 Date of completion of well: April 20 Type of well rig: No. 71

CASING RECORD

Table with 5 columns: DIAM. CASING, FROM FEET, TO FEET, LENGTH, REMARKS -- SEALS, GROUTING, ETC.

GENERAL INFORMATION - Pumping Test, Quality of Water, Etc.

Hole drilled to 164' gravel packed 6 ft from bottom. Barler Cleaned sand finished at 158' no detectable drawdown at 158' Barler Test

2007 C

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

846068

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

TAG# D0047838

1. DRILLING PERMIT NO. 0-0-4-7838-
Other IDWR No. _____

2. OWNER:
Name Tom and Barbara Arcoraci
Address 9951 Prairie Rd.
City Boise State ID Zip 83714

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

N
W E
S
Twp. 4 North or South
Rge. 1 East or West
Sec. 11 1/4 NE 1/4 NW 1/4
10 acres 40 acres 160 acres
Gov't lot _____ County Ada

Lat: _____ Long: _____
Address of Well Site 9951 W. Prairie
City Boise
(Give at least name of road & Distance to Road or Landmark)

Lt. 6 Blk. 2 Sub. Name Sage Acres

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other replace

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	160	80Sacks	Dry Pour
Colorado Sand	171	286	125Sacks	Dry Pour

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
6"	+2	34	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	34	194	sd17	PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type sdr17 pvc

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
194	294	.020	—	6"	sdr17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
180ft. below ground Artesian Pressure _____ lb
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
 Pump Bailer Air Flowing Artesian
Yield gal/min. Drawdown Pumping Level Time
30GPM 20ft 260ft 72hours
Water Temp. 62DegF Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 182ft

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water				Y	N
Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.		
12"	0	38	Coarse Sand		<input checked="" type="checkbox"/>
"	38	45	Sandy Clay		<input checked="" type="checkbox"/>
"	45	81	Coarse Sand		<input checked="" type="checkbox"/>
"	81	141	Tan Clay		<input checked="" type="checkbox"/>
"	141	156	Coarse Sand		<input checked="" type="checkbox"/>
"	156	165	Tan Clay		<input checked="" type="checkbox"/>
"	165	169	Blue Clay		<input checked="" type="checkbox"/>
"	169	174	Tan Sandy Clay		<input checked="" type="checkbox"/>
"	174	194	Blue Clay		<input checked="" type="checkbox"/>
"	194	220	Blue Clay w/ Sand Streaks	<input checked="" type="checkbox"/>	
"	220	245	Blue Shale W/ Sand Streaks	<input checked="" type="checkbox"/>	
"	245	255	Blue Clay	<input checked="" type="checkbox"/>	
"	255	294	Blue Clay W/ Sand Streaks	<input checked="" type="checkbox"/>	

RECEIVED
APR 19 2007
WATER RESOURCES
WESTERN REGION

Completed Depth: 294 (Measurable)
Date: Started 2-10-07 Completed 2-14-07

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

Firm Name COONSE WELL DRILLING Firm No. 409

Firm Official [Signature] Date 2-17-07

Supervisor or Operator [Signature] Date 2-17-07
(Sign once if Firm Official & Operator)

USE TYPEWRITER OR BALL POINT PEN

State of Idaho Department of Water Administration

WELL DRILLER'S REPORT

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

Received to 10-31-73 WAD

1. WELL OWNER 939 0465 Name Henry Grasmick Address Rusty Leather Owner's Permit No.

7. WATER LEVEL Static water level 168 feet below land surface Flowing? [] Yes [] No G.P.M. flow Temperature ° F. Quality Artesian closed-in pressure p.s.i. Controlled by [] Valve [] Cap [] Plug

2. NATURE OF WORK [X] New well [] Deepened [] Replacement [] Abandoned (describe method of abandoning)

8. WELL TEST DATA [] Pump [X] Bailer [] Other Discharge G.P.M. 20 Draw Down Hours Pumped 4

3. PROPOSED USE [X] Domestic [] Irrigation [] Test [] Municipal [] Industrial [] Stock

9. LITHOLOGIC LOG 041343

Table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Rows: 6.0-190 sandy clay, 180-218 blue clay, 218-220 blue sand.

4. METHOD DRILLED [X] Cable [] Rotary [] Dug [] Other

5. WELL CONSTRUCTION Diameter of hole 6 inches Total depth 220 feet Casing schedule: [X] Steel [] Concrete Thickness 2.50 inches Diameter 6 inches From 10 feet To 180 feet Was a packer or seal used? [] Yes [X] No Perforated? [X] Yes [] No How perforated? [X] Factory [] Knife [] Torch Size of perforation 3 inches by 3/16 inches Number 160 perforations From 160 feet To 180 feet Well screen installed? [] Yes [X] 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? [X] Yes [] No Size of gravel 3/8 Placed from 140 feet to 180 feet Surface seal? [X] Yes [] No To what depth Material used in seal [] Cement grout [X] Puddling clay

6. LOCATION OF WELL Sketch map location must agree with written location. County Ada SW 1/4 Sec. 11, T. 4 N, R. 1 E

10. Work started March 73 finished Mar. 73

11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. Driller's or Firm's Name: Russell Cove Drilling Ben M. Starn Number: 65 Address: Boise Idaho Signed By: Russell Cove Date:

2007 D

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

848006

Office Use Only	
Well ID No.	417953
Inspected by	
Twp	Rge Sec
1/4	1/4 1/4
Lat: : : Long: : :	

1. WELL TAG NO. D D0052068
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. 63-7742

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
150			1/2 HR

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

2. OWNER:

Name ROBERT JONES
 Address 2183 HOMER RD.
 City EAGLE State ID. Zip 83616

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 5 North or South
 Rge. 1 East or West
 Sec. 31 NW 1/4 NE 1/4 SE 1/4 SW 1/4
 Gov't Lot _____ County ADA 160 acres

Lat: 43° 44' 093" N Long: 116° 22' 899" W
 Address of Well Site SAME

(Give at least name of road + Distance to Road or Landmark)

City EAGLE
 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 old 8"

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 BENTONITE	0	23	750 lbs.	12" OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 237'

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1 1/2	237	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	232	239	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	249	250	258	STEEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 7.6 Length of Tailpipe 1.0

Packer Y N Type RUBBER K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation JOHNSON/WASHDOWN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
239	249	.015	304	5	S.S.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	TOP SOIL		X
7	2	23	BROWN CLAY		X
8	23	105	SANDY BROWN CLAY		X
	105	116	GRAVEL		X
	116	142	BROWN CLAY		X
	142	201	CLAY w/SAND STREAKS	X	
	201	206	COARSE SAND	X	
	206	219	CLAY w/SAND	X	
	219	225	SAND	X	
	225	234	SANDY CLAY		X
	234	235	BLUE CLAY		X
	235	237	BROWN CLAY		X
	237	250	COARSE SAND	X	

RECEIVED

JUL 27 2007

WATER RESOURCES
WESTERN REGION

Completed Depth 250' (Measurable)

Date: Started 7/19/07 Completed 7/25/07

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 D P W D Firm No. 332

Principal Driller [Signature] Date 7/26/07

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

2007 E

2007 F

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

845425

Office Use Only
Well ID No. 45515
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 0047867
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

12. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60		325'	2 hrs.

2. OWNER:

Name Blackhorse Const.
Address 10953 Hanley Place
City Eagle State ID Zip 83616

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: NO Smell may have had a little Red Iron color Depth first Water Encounter 296'

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 17 NW 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Ada
Lat: _____ Long: _____
Address of Well Site 10953 Hanley Place
9375 N. City Eagle
(Give legal name of road - Distance to Flood or Landmark)
Lt. 35 Blk. 1 Sub. Name Hanley DL Tracts

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	10	0	4 Top Soil		X
	0	64	27 Brn clay & Sand		X
	6	27	88 Brn Clay		X
	88	112	Sandy clay		X
	112	168	Brn clay		X
	168	173	Sand Stone		X
	173	207	Brn clay		X
	207	221	Brn clay & Sand		X
	221	256	Hrd Brn clay		X
	256	261	Sandy clay		X
	261	286	Hrd Brn Clay		X
	286	291	Sand & clay		X
	291	296	Brn Clay		X
	296	300	Large Sand	X	
	300	307	Brn clay		X
	307	318	Blue clay		X
	318	322	Large Sand	X	
	322	328	Blue clay & Sand (Fractured)	X	
	328	340	Fractured Blue clay & Large Sand	X	

Had to drive pipe with cable tool because it drove so hard.
Casing Hammer on Rotary wouldn't drive the pipe.

4. USE:

Domestic Municipal Monitor Irrigation
 Thermal Injection Other Replacement

5. TYPE OF WORK check all that apply

New Well Modify Abandonment Other (Replacement etc.)

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Hole plug</u>	<u>0</u>	<u>18</u>	<u>550 LBS</u>	<u>10" overbore dry pow</u>

Was drive shoe used? Y N Shoe Depth(s) 328-6"
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>18"</u>	<u>328-6"</u>	<u>250</u>	<u>Steel</u>	<input 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:

254 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
San: Seal well cap

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 Precision Well Drilling Firm No. 522
Principal Driller J.P. Dawson Date 3/27/07
and _____ Date _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

RECEIVED
MAR 29 2007

Completed Depth 335 ft. WATER RESOURCES
Date: Started 2/26/07 Completed 3/5/07
WESTERN REGION

2007 G

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

845965

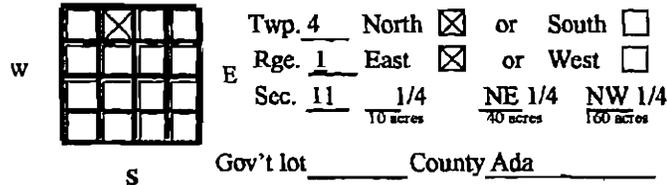
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

TAG# D0047837

1. DRILLING PERMIT NO. 0-0-4-7837 -
Other IDWR No. _____

2. OWNER:
Name Larry and Susan Overholser
Address 9903 W. Prairie
City Boise State ID Zip 83714

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



Lat: : : Long: : :
Address of Well Site 9903 W. Prairie
City Boise
(Give at least name of road + Distance to Road or Landmark)

Lt. 7 Blk. 2 Sub. Name Sage Acres
Ranchettes

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other replacement

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	150	75sacks	Dry Pour
Colorado Sand	150	290	150 Sacks	Dry Pour

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
6"	+2	30	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	30	170	SD17	PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6"	190	210	SD17	PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type sdr 17 pvc

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
170	190	.020	—	6"	pvc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
210	290	.020	—	6"	pvc	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
177ft. below ground Artesian Pressure _____ lb
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
15gpm	20ft	280ft	21hours
20gpm	20ft	280	57hours

Water Temp. 62DegF Bottom hole temp. _____
Water Quality test or comments: Developed with pump
Depth first Water Encountered 178ft

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water				Y	N
Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.		
12"	0	57	Coarse Sand		<input checked="" type="checkbox"/>
"	57	65	Sandy Clay		<input checked="" type="checkbox"/>
"	65	79	Coarse Sand		<input checked="" type="checkbox"/>
"	79	131	Tan Clay		<input checked="" type="checkbox"/>
"	131	145	Coarse Sand		<input checked="" type="checkbox"/>
"	145	150	Sandy Clay		<input checked="" type="checkbox"/>
"	150	157	Blue Clay		<input checked="" type="checkbox"/>
"	157	160	Sandy Tan Clay		<input checked="" type="checkbox"/>
"	160	178	Blue Clay		<input checked="" type="checkbox"/>
"	178	188	Blue Clay w/ Sand Streaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"	188	235	Blue Clay		<input checked="" type="checkbox"/>
"	235	245	Blue Clay w/ Sand Streaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"	245	263	Blue Shale		<input checked="" type="checkbox"/>
"	263	270	Blue Clay w/ Sand Streaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"	270	285	Blue Clay		<input checked="" type="checkbox"/>
"	285	286	Fine Sand	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"	286	274	Blue Clay		<input checked="" type="checkbox"/>
"	274	284	Blue Clay w/ Sand Streaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"	284	290	Blue Clay		<input checked="" type="checkbox"/>

RECEIVED

APR 19 2007

WATER RESOURCES
WESTERN REGION

Completed Depth: 290 (Measurable)
Date: Started 4-3-07 Completed 4-6-07

13. DRILLER'S CERTIFICATION

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

Firm Name COONSE WELL DRILLING Firm No. 409

Firm Official [Signature] Date 4-9-07

Supervisor or Operator [Signature] Date 4-9-07

(Sign once if Firm Official & Operator)

Date: 4/9/2007 Time: 5:34:37 PM

2008 A

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85418

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	420922		
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	
Lat	:	Long	:

1. WELL TAG NO. D D0052768

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER

Name Irene Stinar

Address 1100 W. Beacon Light Rd.

City Eagle State Id _____ Zip 83616

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 5 North or South

Rge. 1 East or West

Sec. 32 SW 1/4 SE 1/4 SW 1/4

Gov't Lot _____ County Ada

Lat: 43:43:322N Long: 116:22:151W

Address of Well Site Same

City Eagle

Lot 8 Blk. 2 Sub. Name Eagle Pines

AMD Plat

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" Well

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	20	600 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 197'

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	197	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	193	199	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	209	211	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 6.0 Length of Tailpipe 2.0

Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
199	209	.018	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
100 GPM			1/2 HR.

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
10"	0	2	Top Soil		X
	2	20	Sandy Brown Clay		X
6"	20	54	Sandy Brown Clay		X
	54	75	Gravel	X	
	75	83	Brown Clay		X
	83	95	Sandy Brown Clay		X
	95	108	Brown Clay		X
	108	117	Sand	X	
	117	120	Brown Clay		X
	120	128	Sand	X	
	128	130	Sandy Brown Clay		X
	130	140	Brown Clay		X
	140	153	Sand (Iron)	X	
	153	165	Sand w/ Clay	X	
	165	172	Sand	X	
	172	178	Brown Clay w/ Sand Streaks	X	
	178	199	Brown Sandy Clay		X
	199	210	White Sand	X	
	210	211	Reddish Brown Clay		X

RECEIVED

MAY 02 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 211' (Measurable)

Date: Started 4/21/08 Completed 4/24/08

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 Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller [Signature] Date 4/24/08

and Driller or Operator II _____ Date 4/24/08

Operator I _____ Date 4/24/08

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

USE TYPEWRITER OR BALL POINT PEN

ROBERT W. ...

WELL DRILLER'S REPORT

OCT

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.

1. WELL OWNER
Name: FLOYD MADSEN
Address: 3603 NORTH ST. BOISE IDAHO 83703
Owner's Permit No.

7. WATER LEVEL
Static water level: 48 feet below land surface
Flowing? [] Yes [] No G.P.M. flow
Temperature: F. Quality
Artesian closed-in pressure: p.s.i.
Controlled by [] Valve [] Cap [] Plug

2. NATURE OF WORK
[] New well [] Deepened [] Replacement
[] Abandoned (describe method of abandoning)

8. WELL TEST DATA
[] Pump [] Bailer [] Other
Discharge G.P.M.: 60
Draw Down: 3
Hours Pumped: 6

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

9. LITHOLOGIC LOG 042977

4. METHOD DRILLED
[] Cable [] Rotary [] Dug [] Other

Lithologic log table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Entries include: 0-38 8" OPEN HOLE, 0-7 SURFACE DIRT, 7-18 BR SANDY CLAY, 18-24 CEMENTED GRAVEL, 24-55 BR SANDY CLAY, 55-69 LOOSE SAND & GRAVEL SOME WATER, 69-77 SAND GRAVEL WATER.

5. WELL CONSTRUCTION
Diameter of hole: 6 inches Total depth: 69 feet
Casing schedule: [] Steel [] Concrete
Thickness: 2-50 inches Diameter: 6 inches From: 1 feet To: 70 feet
Was casing drive shoe used? [] Yes [] No ATLAS
Was a packer or seal used? [] Yes [] No
Perforated? [] Yes [] No
How perforated? [] Factory [] Knife [] Torch
Size of perforation: inches by inches
Number perforations: From To
Well screen installed? [] Yes [] No
Manufacturer's name:
Type: Model No.:
Diameter: Slot size: Set from: feet to: feet
Gravel packed? [] Yes [] No Size of gravel:
Placed from: feet to: feet
Surface seal depth: 38 Material used in seal: [] Cement grout [] Puddling clay [] Well cuttings
Sealing procedure used: [] Slurry pit [] Temporary surface casing [] Overbore to seal depth

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



Subdivision Name: EAGLE PINE
Lot No.: 8 Block No.: 2
CORNER OS PREY RD
COUNTY ADA BEACON LIGHT RD

10. Work started OCT 13 - 75 finished OCT 15 - 75

11. DRILLERS CERTIFICATION
Firm Name: PRESENT PUMP & WELL DRL Firm No.: 206
Address: PT 3 BOX 160 EMMETT ID Date: OCT 23/75
Signed by (Firm Official) and (Operator): [Signature]

2008 B

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

851418

Office Use Only
Well ID No. 421218
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 0048320
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER: Bill Lawton
Name _____
Address 3145 Osprey Rd
City Eagle State ID Zip 83686

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 32 1/4 SE 1/4 SW 1/4
Gov't Lot _____ County AD
Lat: : : Long: : :
Address of Well Site same City _____

City _____
Lt. 5 Blk. 2 Sub. Name Eagle Pines

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>550</u>	<u>over bore</u>

Was drive shoe used? Y N Shoe Depth(s) 137'
Was drive shoe seal tested? Y N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>72</u>	<u>137</u>	<u>250</u>	<u>steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 40' Length of Tailpipe _____
Packer Y N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Factory PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>141</u>	<u>161</u>	<u>20</u>	<u>40</u>	<u>4 1/2</u>	<u>SDR17</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
97' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 140-160 Describe access port or control devices:
Turtle cap

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30-40</u>	<u>160</u>	<u>160</u>	<u>4 hrs</u>

Water Temp. 65 Bottom hole temp. _____
Water Quality test or comments: Tastes Great
Depth first Water Encounter 90

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>6</u>	<u>0</u>	<u>18</u>	<u>Ben clay</u>		
	<u>18</u>	<u>22</u>	<u>Ben clay</u>		
	<u>22</u>	<u>43</u>	<u>Lighter Ben clay some sand</u>		
	<u>43</u>	<u>49</u>	<u>Gravel</u>		
	<u>49</u>	<u>52</u>	<u>clean sand soft</u>		
	<u>52</u>	<u>74</u>	<u>Dry Dense Ben clay</u>		
	<u>74</u>	<u>90</u>	<u>clay + sand</u>		
	<u>90</u>	<u>92</u>	<u>clay</u>		
	<u>92</u>	<u>106</u>	<u>clay + sand</u>		
			<u>Casing slowing down</u>		
			<u>getting sand locked</u>		
	<u>106</u>	<u>108</u>	<u>clay</u>		
	<u>108</u>	<u>137</u>	<u>Casing seized</u>		
			<u>wont move</u>		
	<u>137</u>	<u>161</u>	<u>clay + sand</u>		

RECEIVED

JUN 03 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 161 (Measurable)
Date: Started 5-10-08 Completed 5-14-08

14. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name Jim Well Drilling Firm No. 623
Principal Driller Jim Lawton Date 5-16-08
and Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

2008 C

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851397

Office Use Only
 Well ID No. 42198
 Inspected by _____
 Twp. _____ Rge. _____ Sec. _____
 1/4 _____ 1/4 _____ 1/4 _____
 Lat: : : Long: : :

Form 238-7 IDAHO DEPARTMENT OF WATER RESOURCES
 6/02 **WELL DRILLER'S REPORT**

1. WELL TAG NO. D D0052837

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER
 Name Larry Christensen

Address 3472 N. Ballantyne Rd.

City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 5 North or South

Rge. 1 East or West

Sec. 31 NE 1/4 SE 1/4 1/4

Gov't Lot _____ County Ada

Lat: 43:43:571"N Long: 116:22:750"W

Address of Well Site Same City Eagle

File of land name of land or Distance to Road or Landmark
 Lt. 9 Blk. 1 Sub. Name Christensen

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other 4" Well

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	18	550 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 196'

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	1.5	196	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	192	197	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	207	209	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0

Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
197	207	.020	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
100 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 GPM			1.5 HRS.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2	Top Soil		X
	2	18	Sandy Brown Clay		X
6"	18	85	Sandy Brown Clay		X
	85	98	Gravel		X
	98	100	Brown Clay		X
	100	135	Sand w/ Clay Streaks	X	
	135	156	Clay w/ Sand Streaks	X	
	156	159	Brown Clay		X
	159	168	Sand		X
	168	176	Clay w/ Sand Streaks		X
	176	180	Blue Clay		X
	180	189	Sand		X
	189	199	Brown Clay		X
	199	208	Coarse Sand		X
	208	209	Brown Clay		X

RECEIVED

MAY 14 2008

WATER RESOURCES
 WESTERN REGION

Completed Depth 209' (Measurable)
 Date: Started 5/9/08 Completed 5/12/08

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 Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller [Signature] Date 5/13/08

and Driller or Operator II [Signature] Date 5/13/08

Operator I [Signature] Date 5/13/08

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

USE TYPEWRITER BALL POINT PEN

State Idaho Department of Water Administration

WELL DRILLER'S REPORT

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

Drilled 11-5-17

1. WELL OWNER
Name Mr Le Roy Mosier
Address RT 1 Eagle Ida 83616
Owner's Permit No. _____

7. WATER LEVEL
Static water level 23 feet below land surface
Flowing? Yes No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA
 Pump Bailer Other
Discharge G.P.M. _____ Draw Down 9' Hours Pumped Billed 2 1/2

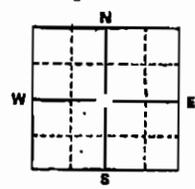
3. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

9. LITHOLOGIC LOG 042976

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
4"	0	30'	Top to 11 Brown clay		
	30	70	ultimate clay & sand		
	70	89	gray clay		
	89	96	water bearing sand & sand		

4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
Diameter of hole 4" inches Total depth 96'10" feet
Casing schedule: Steel Concrete
Thickness 1.250 inches Diameter 4 inches From 8" feet To _____ feet
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
Well screen installed? Yes No
Manufacturer's name Sharp made
Type 1 1/2" Model No. _____
Diameter 3" Slot size _____ Set from _____ feet to _____ feet
Diameter 3" Slot size 3/16 Set from 94 feet to 96'10" feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal? Yes No To what depth 22 feet
Material used in seal Cement grout Puddling clay

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

County Ada
SE 1/4 NE 1/4 Sec. 31 T. 5 N. R. 1 E. 1

10. Work started _____ finished _____

11. DRILLER'S CERTIFICATION
This well was drilled under my supervision and this report is true to the best of my knowledge.
Victor Jensen
Driller's or Firm's Name _____ Number _____
Address _____
Signed By _____ Date _____

2008 D

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

852872

Office Use Only
Well ID No. 422623
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 0053085
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Rick Natucki
Address 3070 W. Home Rd
City Cagle State Ida Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 30 SW 1/4 SE 1/4
Gov't Lot _____
County Ada "10 acres" "1/4" "1/4" "1/4"
Lat: : : Long: : :
Address of Well Site same as above City _____

(Give at least name of road + distance to road or landmark)
Lt. 8 Blk. _____ Sub. Name Skyline Acres Sub Unit #1

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply
 New Well Modify Abandonment Other (Replacement etc.)

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>20'</u>	<u>18 Bags</u>	<u>Overbone 10 in.</u>

Was drive shoe used? Y N Shoe Depth(s) 279 ft in.
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>279'</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>270'</u>	<u>281'</u>	<u>104</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5"</u>	<u>286'</u>	<u>288'</u>	<u>188</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 10'5" Length of Tailpipe 2'
Packer Y N Type Figure X

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson Stainless Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>281'</u>	<u>286'</u>	<u>25</u>		<u>5 in</u>	<u>Sotted</u>	<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:
133 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100 GPM</u>	<u>(Air)</u>	<u>283'</u>	<u>2 hrs</u>
<u>256 GPM</u>	<u>10 ft</u>	<u>310'</u>	<u>1 Week</u>

Water Temp. _____ Bottom hole temp. 57°
Water Quality test or comments: _____
Depth first Water Encounter 140 ft

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>		<input checked="" type="checkbox"/>
<u>10"</u>	<u>2</u>	<u>15</u>	<u>Sandy Brown Clay</u>		<input checked="" type="checkbox"/>
<u>10"</u>	<u>15</u>	<u>25</u>	<u>Broken Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>25</u>	<u>87</u>	<u>Sandy Brown Clay</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>87</u>	<u>98</u>	<u>Broken Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>98</u>	<u>115</u>	<u>Sandy Light Brown Clay</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>115</u>	<u>138</u>	<u>Sand & Gravel</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>138</u>	<u>157</u>	<u>Sandy Light Brown Clay</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>157</u>	<u>183</u>	<u>Broken Sand (Fine)</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>183</u>	<u>185</u>	<u>Sandy Blue Shale</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>185</u>	<u>198</u>	<u>Broken Sand (Fine)</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>198</u>	<u>203</u>	<u>Sandy Light Brown Clay</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>203</u>	<u>207</u>	<u>Sandy Light Brown Clay</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>207</u>	<u>208</u>	<u>Muddy Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>208</u>	<u>245</u>	<u>Mixture of Clay & Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>245</u>	<u>264</u>	<u>Light Brown Sand some coarse</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>264</u>	<u>279</u>	<u>Light Brown Sandstone</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>6"</u>	<u>279</u>	<u>288</u>	<u>Light Brown Coarse Sand some fine gravel</u>	<input checked="" type="checkbox"/>	

RECEIVED
SEP 29 2008
WATER RESOURCES
WESTERN REGION

Completed Depth 288 ft (Measurable)
Date: Started 8/21/08 Completed 9/17/08

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 Boise Valley Pump & Drilling Firm No. 207
Principal Driller Ron J. Driscoll Date 9-29-08
and
Driller or Operator II Harry R. Fulton Date 9/29/08
Operator I Mike P. Murphy Date 9/25/08
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

State of Idaho
Department of Water Administration
WELL DRILLER'S REPORT

*Received
5-5-75*

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

1. WELL OWNER *Balentine Rd. at end*
Name *Lynn E. Wood*
Address *Homer*
Owner's Permit No. _____

7. WATER LEVEL
Static water level *110* feet below land surface
Flowing? Yes No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA
 Pump Bailer Other
Discharge G.P.M. *20* Draw Down _____ Hours Pumped *3*
043005

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

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<i>6</i>	<i>0</i>	<i>3</i>	<i>Sandy soil</i>	<i>✓</i>	<i>✓</i>
	<i>3</i>	<i>100</i>	<i>" Clay</i>	<i>✓</i>	<i>✓</i>
	<i>100</i>	<i>141</i>	<i>Layers Clay & Sand</i>	<i>✓</i>	<i>✓</i>

4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
Diameter of hole _____ inches Total depth *141* feet
Casing schedule: Steel Concrete
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
14 inches *6* inches + *0* feet *141* feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation *3/16* inches by *3* inches
Number _____ From _____ feet To _____ feet
120 perforations *121* feet *141* 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 *3/8*
Placed from *75* feet to *141* feet
Surface seal depth *25* Material used in seal Cement grout
 Pudding clay Well cuttings
Sealing procedure used Shurry pit Temporary surface casing
 Overbore to seal depth

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

Subdivision Name *Balentine*
Lot No. _____ Block No. *30*
County *Ada*
5 1/2 Sec. *30* T. *5* N. *1* R. *1* E.

10. Work started *sept.* finished *sept. 73*

11. DRILLERS CERTIFICATION
Firm Name *Cove Drilling Co.* Firm No. *165*
Address _____ Date _____
Signed by (Firm Official) *Paul Cove*
and *Ben McLean*
(Operator)

2008 E

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

853471

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____
 Pump Bailer Air Flowing Artesian

1. DRILLING PERMIT NO. _____
Other IDWR No. D0053094

2. OWNER:
Name Charles & Joy Roberts
Address 2000 W. Homer Rd.
City Eagle State ID Zip 83616

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

W  E
Twp. 5 North or South
Rge. 1 East or West
Sec. 30 SW 1/4 SE 1/4 SE 1/4
10 acres 40 acres 160 acres
Gov't lot _____ County Ada
S
Lat: 43:44:149 Long: 116:22:749
Address of Well Site 2000 Homer Rd.
City Eagle
(Give at least name of road + Distance to Road or Landmark)

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other replacement

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	500 lbs.	poured
silica sand	260	284	250 lbs.	poured

Was drive shoe used? Y N Shoe Depth(s) 174
Was drive shoe seal tested? Y N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	174	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	12	274	C.40	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type pvc

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
274	284	.20		4	pvc	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
134ft. below ground Artesian Pressure _____ lb
Depth flow encountered 271 ft. Describe access port or control devices: well cap

11. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time
60		260	1 hour

Water Temp. 56 Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 130

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
10	0	3	top soil		<input checked="" type="checkbox"/>
10	3	5	hard pan		<input checked="" type="checkbox"/>
10	5	11	brown clay		<input checked="" type="checkbox"/>
10	11	18	brown sandy clay		<input checked="" type="checkbox"/>
6	18	33	brown sandy clay		<input checked="" type="checkbox"/>
6	33	42	tan sand		<input checked="" type="checkbox"/>
6	42	115	tan sand & clay strips		<input checked="" type="checkbox"/>
6	115	134	gravel	<input checked="" type="checkbox"/>	
6	134	161	tan clay		<input checked="" type="checkbox"/>
6	161	163	tan sand	<input checked="" type="checkbox"/>	
6	163	175	tan clay		<input checked="" type="checkbox"/>
6	175	177	blue clay		<input checked="" type="checkbox"/>
6	177	183	medium & large sand	<input checked="" type="checkbox"/>	
6	183	192	large sand	<input checked="" type="checkbox"/>	
6	192	195	sandy tan clay		<input checked="" type="checkbox"/>
6	195	203	large sand	<input checked="" type="checkbox"/>	
6	203	205	tan sandy clay		<input checked="" type="checkbox"/>
6	205	211	light red & tan sand	<input checked="" type="checkbox"/>	
6	211	214	tan clay		<input checked="" type="checkbox"/>
6	214	225	medium to fine red sand	<input checked="" type="checkbox"/>	
6	225	228	light brown clay		<input checked="" type="checkbox"/>
6	228	271	red & tan sand with thin clay strips	<input checked="" type="checkbox"/>	
6	271	284	sand stone	<input checked="" type="checkbox"/>	

RECEIVED

SEP 24 2008

WATER RESOURCES
WESTERN REGION

Completed Depth: 284 (Measurable)
Date: Started 9-16-08 Completed 9-17-08

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

Firm Name Waterpro Well Drilling Inc Firm No. 626
Firm Official Monte Post Date 9-21-08
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 9/21/2008 Time: 9:58:01 PM

2008 F

605

851776

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0052887

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER

Name **Cort Hanson**
Address **3477 Shadow Hills Dr.**
City **Eagle** State **Id** Zip **83616**

3. WELL LOCATION:

Twp. **5** North or South Rge. **1** East or West
Sec. **32** NW 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County **Ada**
Lat. **43° 43.608'N** (Deg. and Decimal minutes)
Long. **116° 21.449'W** (Deg. and Decimal minutes)
Address of Well Site **Same** City **Eagle**

Lot **2** Blk. **2** Sub. Name **Eagle Bench**

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection
 Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

New Well Replacement well Modify existing well
 Abandonment Other _____

6. DRILL METHOD:

Air Rotary Mud Rotary Cable Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
5/8 Bentonite	0	23	950 lbs.	10" Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	2	245	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5"	242	247	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5"	257	259	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) **245'**

9. PERFORATIONS/SCREENS:

Perforations Y N Method _____
Manufactured screen Y N Type **Johnson**
Method of installation **Pullback**

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
247	257	.020	10'	5"	Stainless	304

Length of Headpipe **5.0** Length of Tailpipe **2.0**
Packer Y N Type **Rubber K-Packer**

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
N/A				

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) _____ Static water level (ft) **110'**
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:	Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method:			
				Pump	Bailer	Air	Flowing artesian
		70 GPM	1/2 HR.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0	2	Top Soil		X
	2	23	Sandy Brown Clay		X
6"	23	88	Sandy Brown Clay		X
	88	89	Brown Clay		X
	89	110	Gravel		X
	110	145	Sand & Gravel	X	
	145	155	Sandy Brown Clay		X
	155	259	White Coarse Sand	X	

RECEIVED

JUL 03 2008

WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable) **259'**
Date: Started **6/10/08** Completed **6/12/08**

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 **Dennis Phipps Well Drilling Inc.** Co. No. **332**
Principal Driller *[Signature]* Date **6/13/08**
Driller _____ Date **6/13/08**
Operator II *[Signature]* Date **6/13/08**
Operator I *[Signature]* Date **6/13/08**
* Signature of Principal Driller and rig operator are required.

USE TYPEWRITER OR BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

*Received
to 21-71
10-21-71*

1. WELL OWNER

Name EMIL MAKINEN

Address BOISE IDAHO

Owner's Permit No. _____

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandoning)

3. PROPOSED USE

Domestic Irrigation Test

Municipal Industrial Stock

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 121 feet

Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>121</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

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? Yes No To what depth 76 feet

Material used in seal Cement grout Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County ADA

NE 1/4 SE 1/4 Sec. 32 T. 5 N. R. 1 E. W

7. WATER LEVEL

Static water level 94 feet below land surface

Flowing? Yes No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by Valve Cap Plug

8. WELL TEST DATA

Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>15</u>	<u>0</u>	<u>4</u>
_____	_____	_____
_____	_____	_____

9. LITHOLOGIC LOG 043016

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6"</u>	<u>0</u>	<u>10</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>10</u>	<u>76</u>	<u>SAND</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>76</u>	<u>85</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>85</u>	<u>118</u>	<u>SAND & GRAVEL</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>115</u>	<u>118</u>	<u>CLAY</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>118</u>	<u>121</u>	<u>SAND & GRAVEL</u>		<input checked="" type="checkbox"/>
FOOT NOTE					
POWER WAS PUT IN					
AFTER WELL WAS					
COMPLETED SO I WENT					
BACK AND PUMPED IT					
FOR TEN HOURS AND					
IT PUMPED 20 GALLONS					
PER MINUTE WITH NO DROW					
DOWN.					

10. Work started May 3-71 finished May 6-71

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

MANKE WELL DRILLING CO.
Driller's or Firm's Name Number

RT 3 COLDWELL IDAHO
Address

Dale J. Manke
Signed By Date

2008 G

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

851308

Office Use Only			
Well ID No.	421109		
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	1/4
Lat:	:	Long:	:

1. WELL TAG NO. D D0052834

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER

Name William George

Address 2636 Edgewood Rd.

City Eagle State Id Zip 83616

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 4 North or South

Rge. 1 East or West

Sec. 3 NW 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Ada

Lat: 43:43:195"N Long: 116:20:030"W

Address of Well Site Same

City Eagle

Lt. 1 Blk. 2 Sub. Name Rocketbar

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" Well

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
5/8 Bentonite	0	18	400 lbs.	10" Overbore

Was drive shoe used? Y N Shoe Depth(s) 150'

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	2	150	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	146	151	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	161	163	.258	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 5.0 Length of Tailpipe 2.0

Packer Y N Type Rubber K-Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson / Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
151	161	.020	304	5"	Stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

48 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
35 GPM			1 HR.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	2	Top Soil		X
	2	14	Sandy Brown Clay		X
	14	18	Dry Brown Sand		X
6"	18	20	Dry Brown Sand		X
	20	22	Sand & Gravel		X
	22	27	Sandy Brown Clay		X
	27	52	Sand & Gravel		X
	52	55	Sand	X	
	55	75	Brown Sandy Clay		X
	75	97	Red Sand	X	
	97	123	Sandy Brown Clay		X
	123	125	Muddy Sand	X	
	125	136	Sandy Brown Clay		X
	136	148	Fine Brown Sand	X	
	148	150	Sandy Brown Clay		X
	150	152	Coarse Sand	X	
	152	157	Coarse Sand w/Clay	X	
	157	159	Coarse Sand	X	
	159	163	Brown Clay		X

RECEIVED

MAY 14 2008

WATER RESOURCES
WESTERN REGION

Completed Depth 163' (Measurable)

Date: Started 5/2/08 Completed 5/8/08

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 Dennis Phipps Well Drilling Inc. Firm No. 332

Principal Driller [Signature] Date 5/9/08

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

2008 H

2008 I

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

850702

Office Use Only
Well ID No. 420526
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D 0052627
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name David O'Neal
Address 5735 N. Willow Creek Rd.
City Eagle State ID Zip 83616

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North or South
Rge. 1 East or West
Sec. 29 NW 1/4 NE 1/4 1/4
Gov't Lot 2 County Ada
Lat: : : Long: : :
Address of Well Site 5735 N. Willow Creek Rd.
City Eagle
LI. _____ 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 Pure Gold Bent From 0 To 18 Weight/Volume 600lbs. Seal Placement Method 10" over bore dry pour
Was drive shoe used? Y N Shoe Depth(s) 331.8
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:
Diameter 6 From 72 To 331.8 Gauge 250 Material Steel Casing Liner Welded Threaded
Length of Headpipe 54 Length of Tailpipe 0
Packer Y N Type 3-Rib

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method _____
Screen Type & Method of Installation Johnson/Wash DNK Valve
From 322 To 332 Slot Size 10 Number 6" Diameter Tele Material S.S. Casing Liner

10. FILTER PACK
Filter Material _____ From _____ To _____ Weight / Volume _____ Placement Method _____

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
218 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: San. Seal well cap

12. WELL TESTS:
 Pump Bailor Air Flowing Artesian
Yield gal./min. 40 Drawdown _____ Pumping Level 325' Time 3 hrs.

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: Good clear color no sulfur smell Depth first Water Encounter 281'

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	Top Soil		X
10	3	21	Tan Clay		X
10	21	40	Brown clay		X
10	40	45	Brown Sandy clay		X
10	45	62	Brown clay		X
10	62	77	Brown Sandy clay		X
10	77	86	Brown clay		X
10	86	115	Tan Clay		X
10	115	132	Sandy clay (Tan)		X
10	132	164	Brown clay		X
10	164	171	Sandy clay		X
10	171	184	Tan clay		X
10	184	203	Brown clay		X
10	203	218	Sandy clay (Tan)		X
10	218	232	Tan clay		X
10	232	254	Brown clay		X
10	254	256	Blue clay		X
10	256	268	Brown Clay		X
10	268	281	Tan clay		X
10	281	286	Sand (orange color)		X
10	286	288	Brown clay		X
10	288	294	Sand (orange color)		X
10	294	309	Blue clay		X
10	309	316	Fine Sand (Blue gray color)		X
10	316	321	Blue clay		X
10	321	332	Fine Sand (Blue gray color)		X

RECEIVED JUN 19 2008 WATER RESOURCES WESTERN REGION

Casing drove hard all the way thru the clays.
Had casing hammer problems.

Completed Depth 332 ft. (Measurable)
Date: Started 2/19/08 Completed 3/8/08

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 Precision Well Drilling Inc Firm No. 522
Principal Driller Jeff Dawson Date 3/9/08
and Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

2008 J

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

851750

1. WELL TAG NO. D 0052828

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER: MILAN & LOYCE JACKSON
Name MILAN & LOYCE JACKSON
Address 3953 N. BROADSIDE
City BOISE State IDA Zip _____

3. WELL LOCATION:
Twp. 5 North or South Rge. 1 East or West

Sec. 34 SW 1/4 SW 1/4 NE 1/4

Gov't Lot - County ADA

Lat. 43 ° 43.769 (Deg. and Decimal minutes)

Long. 116 ° 19.432 (Deg. and Decimal minutes)

Address of Well Site SAME AS ABOVE

Give at least name of road - Distance to Road or Landmark _____ City _____
Lot. _____ Blk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation Thermal Injection
 Other _____

5. TYPE OF WORK:
 New well Replacement well Modify existing well
 Abandonment Other _____

6. DRILL METHOD:
 Air Rotary Mud Rotary Cable Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
CHIP BENT	0	60	1300	POUR METHOD

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+2	98	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5"	-10	90	.250	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 98 FEET

9. PERFORATIONS/SCREENS:
Perforations Y N Method _____

Manufactured screen Y N Type 4.5" PVC

Method of installation SET IN PLACE

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
90	170	.020	MANY	4.5	PVC	.020

Length of Headpipe N/A Length of Tailpipe N/A
Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
16-30 SILICA 88 SAND	170	170	2850 LBS	POUR METHOD

11. FLOWING ARTESIAN:
Flowing Artesian? Y N Artesian Pressure (PSIG) N/A

Describe control device N/A

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 105 Static water level (ft) 62

Water temp. (°F) 58 Bottom hole temp. (°F) SAME

Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballor	Air	Flowing artesian
23	25	1 HOUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: NO TEST

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	5	TOP SOIL		
12	5	20	BRN CLAY HARD		
10	20	35	BRN CLAY HARD		
10	35	45	BRN CLAY		
10	45	60	BRN CLAY		
10	60	73	BRN CLAY		
10	73	76	SANDY CLAY		
10	76	90	GRAY CLAY		
10	90	100	LT BLUE CLAY		
8	100	105	BLUE CLAY		
8	105	108	BLUE SAND		X
8	108	111	CLAY		
8	111	112	SAND		X
8	112	117	CLAY		
8	117	118	SAND		X
8	118	140	BLUE CLAY HARD		
8	140	160	BLUE CLAY HARD		
8	160	180	BLUE CLAY HARD		

RECEIVED
MAY 27 2008
WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): 170 FT
Date Started: 12 MAY 08 Date Completed: 20 MAY 08

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 ADAMSON PUMP & DRILL Co. No. 457

*Principal Driller DAVE ADAMSON Date 22 MAY 08

*Driller DAVE ADAMSON Date 22 MAY 08

*Operator II _____ Date _____

Operator I Cleon J. Young Date 22 MAY 08

* Signature of Principal Driller and rig operator are required.