

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0050238

DRILLING PERMIT NO. 852025

Water Right or Injection Well No. _____

2. OWNER

Name Briggs Construction

Address 2050 E 3000 S

City Wendell State ID _____ Zip 83355

3. LOCATION OF WELL by legal description:

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

Twp. 7 North or South

Rge. 14 East or West

Sec. 20 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Gooding

Lat: 42: 48.504 Long: 114: 50.937

Address of Well Site 2724 Richie Rd

City Hagerman

Filter at head of well - Distance to Head 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
Bentonite	0	18	4 BAGS	POURED

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 5/8	2	18	.250	Steel	<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:

140 ft. below ground Artesian pressure _____ lb.

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

PLATE

12. WELL TESTS:

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)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	3	TOPSOIL		X
	3	5	BROKEN ROCK		X
	5	18	GREY LAVA		X
6	18	42	GREY LAVA		X
	42	51	RED ASH		X
	51	67	GRAY LAVA		X
	67	78	BROKEN & CINDERS		X
	78	133	SOFT LAVA	X	
	133	230	BROKEN & CINDERS	X	

RECEIVED
AUG 06 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

* actual hole sizes are 8 3/4 & 6 1/8

Completed Depth 230' (Measurable)

Date: Started 7/1/08 Completed 7/1/08

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 Elsing Drilling & Pump Co., Inc. Firm No. 669

Principal Driller _____ Date 7/7/08

and Driller or Operator II _____ Date 7/7/08

Helper _____ Date 7-7-08

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.