

WELL DRILLER'S REPORT

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 ESKERT Ranches
Address MT HOME
Owner's Permit No. _____

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

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

4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
Diameter of hole 6 inches Total depth 300 feet
Casing schedule: Steel Concrete
Thickness Diameter From To
2.50 inches 8.5 inches + 1 feet 34 feet
2.50 inches 6.5 inches 1 feet 85 feet
____ inches _____ inches _____ feet _____ feet
____ inches _____ inches _____ feet _____ feet
____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? Yes No
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 depth 85 Material used in seal Cement grout
 Pudding 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.
Original taken from mapping for records
Subdivision Name _____
Lot No. _____ Block No. _____
Cancelled by owner from field
County Flamingo
SE SE 1/4 NE 1/4 Sec. 15 T. 3 N. S. R. 6 EX

7. WATER LEVEL
Static water level 155 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
30 _____ 1

9. LITHOLOGIC LOG 88822

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	7	Soil		
8	7	33	SMALL GRAVEL		✓
8	33	45	GRAY SAND		
8	45	48	BROWN RED CLAY		
8	48	55	SMALL GRAVEL		
8	55	77	GRAY SAND		
8	77	115	BROWN LAVA SAND		
8	115	159	GRAY SAND		
8	159	205	BROWN LAVA SAND		
8	205	208	RED LAVA SAND		
8	208	218	BROWN LAVA SAND		
8	218	242	GRAY SAND		
8	242	255	BROWN LAVA SAND		
8	255	264	GRAY SAND		
8	264	272	BROWN LAVA SAND		
8	272	285	GRAY SAND		
6	285	300	BROWN RED SAND		✓

10. Work started 5/17/76 finished 5/18/76

11. DRILLERS CERTIFICATION
Firm Name Huddleston Drillings Firm No. 35
Address MT Home Idaho Date 5/17/76
Signed by (Firm Official) [Signature]
and
(Operator) [Signature]