

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 79051

Drilling Permit No. 887772
Water right or injection well # _____

2. OWNER:

Name Larry Reese
Address 12297 Benawah Creek Rd
City St. Maries State ID Zip 83861

3. WELL LOCATION:

Twp. 45 North or South Rge. 4 East or West
Sec. 23 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Benawah
Lat. 47 ° 13.293N (Deg. and Decimal minutes)
Long. 116 ° 48.00W (Deg. and Decimal minutes)
Address of Well Site 12297 Benawah Creek Rd
City St. Maries

(Give at least name of road + Distance to Road or Landmark)
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
Bentonite	0	-38	975lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	-38	2.50	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4"	-18	-308	sch40	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) -38ft georockfor shoe

9. PERFORATIONS/SCREENS:

Perforations Y N Method skillsaw
Manufactured screen Y N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-198	-298	1/4x8	140	4"	pvc	sch 40

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

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
none				

11. FLOWING ARTESIAN:

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

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 260 ft Static water level (ft) -105 ft
Water temp. (°F) cold Bottom hole temp. (°F) _____
Describe access port well cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Baller	Air	Flowing artesian
3 gpm airlift	from 308 ft	for 1.5 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: cold and clear no odor

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	12	clay-tan		X
	12	25	clay with shale		X
	25	40	shale-tan		X
6"	40	260	shale-blue-soft 2 gpm at 260 ft	X	
	260	308	shale -multi color	X	
			3 gpm total at 308 ft		

RECEIVED
OCT 18 2018
IDWR / NORTH

Completed Depth (Measurable): 308 ft
Date Started: 10-3-18 Date Completed: 10-4-18

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 Interstate Drilling LLC Co. No. 689
*Principal Driller Ryan Suchoski Date 10-5-18
*Driller [Signature] Date 10-5-18
*Operator II _____ Date _____
Operator I [Signature] Date 10-5-18

* Signature of Principal Driller and rig operator are required.