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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0087057
Drilling Permit No. 895341
Water right or injection well # _____

2. OWNER:
Name Deko Contracting
Address 13795 Trapper Ln.
City Caldwell State ID Zip 83607

3. WELL LOCATION:
Twp. 05 North or South Rge. 03 East or West
Sec. 15 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County Canyon
Lat. 43 46 ° 203 (Deg. and Decimal minutes)
Long. 116 40 ° 940 (Deg. and Decimal minutes)
Address of Well Site 27498 Freezout road
City Caldwell
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)	Placement method/procedure
<u>94 Bentonite</u>	<u>0</u>	<u>38</u>	<u>1,100</u>	<u>Dry pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>+2</u>	<u>143</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 143'

9. PERFORATIONS/SCREENS:
Perforations Y N Method Factory
Manufactured screen Y N Type Johnson S.S.
Method of installation Jet in

From (ft)	To (ft)	Slot size	Number/l	Diameter (nominal)	Material	Gauge or Schedule
<u>143</u>	<u>148</u>	<u>15</u>		<u>5"</u>	<u>S.S.</u>	<u>188</u>
<u>135</u>	<u>143</u>	<u>blank</u>		<u>5"</u>	<u>Steel</u>	<u>188</u>

Length of Headpipe 8' Length of Tailpipe 0
Packer Y N Type 3 rib packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method

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) 47 Static water level (ft) 45
Water temp. (°F) 58 Bottom hole temp. (°F) 58
Describe access port 6" well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>130</u>	<u>100</u>	<u>30</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: Clean water

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	
	<u>10</u>	<u>0</u>	<u>2</u>	<u>Top soil</u>		<input checked="" type="checkbox"/>
		<u>2</u>	<u>28</u>	<u>Tan clay</u>		<input type="checkbox"/>
		<u>28</u>	<u>38</u>	<u>Tan clay with sand layers</u>		<input type="checkbox"/>
<u>6</u>		<u>38</u>	<u>47</u>	<u>Tan clay with sand layers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>47</u>	<u>85</u>	<u>Tan clay with sand layers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>85</u>	<u>143</u>	<u>Tan clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>143</u>	<u>148</u>	<u>sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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DEC 03 2020
WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): 148'
Date Started: 8/13/20 Date Completed: 8/20/20

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 Patric Well Drilling Co. No. 741
*Principal Driller [Signature] Date 12/2/20
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.