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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0093762

Drilling Permit No. 904879

Water right or injection well # _____

2. OWNER: Pleasant View Construction LLC

Name _____

Address 1164 E Beacon Light Rd

City Eagle State Id Zip 83616

3. WELL LOCATION:

Twp. 5 North or South Rge. 3 East or West

Sec. 27 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County Canyon

Lat. 43 44.4022 (Deg. and Decimal minutes)

Long. 116 41.0728 (Deg. and Decimal minutes)

Address of Well Site 25321 Bur Oak Pl

City Caldwell

(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 chip	0	39	2150	poured from top

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	89	1.5	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 89'

9. PERFORATIONS/SCREENS:

Perforations Y N Method _____

Manufactured screen Y N Type johnson style

Method of installation pull back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
99	89	20	10	5"	SS	

Length of Headpipe 5' Length of Tailpipe 4' w 3/8 plate cap

Packer Y N Type 3 lip 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) 25'

Water temp. (°F) cold Bottom hole temp. (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	35	60

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

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	10	clay		X
10	10	35	sand w gravel	X	
10	35	39	sandy clay		X
6	39	55	sandy clay	X	
6	55	103	sand & gravel	X	

RECEIVED

JUN 21 2022

WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): <u>103'</u>
Date Started: <u>4/27/22</u> Date Completed: <u>4/29/22</u>

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 Highline Drilling LLC Co. No. 769

*Principal Driller Mal Mclellan Date 6/15/22

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.