

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

772040

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : : :

1. WELL TAG NO. D 19402
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name ROY BARNES
Address 2606 SUNSET
City EMMETT State ID Zip 83617

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N				
W		X		E
S				

Twp. 6 North or South
Rge. 2 East or West
Sec. 2 NW 1/4 SE 1/4 1/4
Gov't Lot _____ County GEM 10 acres 40 acres 160 acres
Lat: : : Long: : : :
Address of Well Site 2625 SUNSET
City EMMETT
(Give at least name of road + Distance to Road 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/FILTER PACK	AMOUNT		METHOD
	From	To	
Material <u>Bentonite</u>	<u>0</u>	<u>30</u>	<u>overbore</u>

Was drive shoe used? N Shoe Depth(s) _____
Was drive shoe seal tested? N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>71</u>	<u>87</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>67</u>	<u>87</u>	<u>3/16</u>	<u>240</u>	<u>6</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

55 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: well seal

11. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20</u>			<u>4</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>36</u>	<u>0</u>	<u>72</u>			
<u>6</u>	<u>72</u>	<u>86</u>	<u>SAND - clay streaks</u>	<input checked="" type="checkbox"/>	

RECEIVED

DEC 21 2001

WATER RESOURCES
WESTERN REGION

Completed Depth 88 (Measurable)
Date: Started 11-8-01 Completed 11-8-01

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name DENNIS ANTPAS WELL DRILL Firm No. 332

Firm Official [Signature] Date 12-1-01

and
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)