

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

AUG 13 1993

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 Gerald Roberts
 Address P.O. Box 338 Marsing, Id. 83639
 Drilling Permit No. 57-93-W-0029
 Water Right Permit No. _____

7. WATER LEVEL
 Static water level 52 feet below land surface.
 Flowing? Yes No G.P.M. flow _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by: Valve Cap Plug
 Temperature 72 °F. Quality 5 grains
Describe artesian or temperature zones below.

2. NATURE OF WORK
 New well Deepened Replacement
 Well diameter increase Modification
 Abandoned (describe abandonment or modification procedures
 such as liners, screen, materials, plug depths, etc. in lithologic
 log, section 9.)

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
5	160	1/2
4	150 est.	3

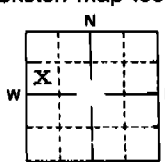
3. PROPOSED USE
 Domestic Irrigation Monitor
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG 70569

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	20	Brown Sticky Clay		X
6	20	40	Brown Sticky Clay		X
6	40	85	Gray Clay		X
6	85	85 1/2	Black Sand	X	
6	85 1/2	144	Gray Clay		X
6	144	144	Gray Clay Crack	X	
6	144	221	Gray Clay		X
6	221	221	Gray Clay Yellow Water	X	
6	221	250	Gray Clay		X
6	250	250	Gray Clay Ck. Yellow Water	X	
6	250	275	Gray Clay		X
6	275	500	Gray Clay Hard Sticky Cks.	X	

4. METHOD DRILLED
 Rotary Air Auger Reverse rotary
 Cable Mud Other _____
 (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION
 Casing schedule: Steel Concrete Other _____
 Thickness Diameter From To
.25 inches 6 inches + 1'7 1/2" feet 282'7 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 Gun
 Size of perforation? _____ inches by _____ inches
 Number From To
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? Yes No
 Manufacturer _____ Type _____
 Top Packer or Headpipe _____
 Bottom of Tailpipe _____
 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 20 Material used in seal: Cement grout
 Bentonite Pudding clay _____
 Sealing procedure used: Slurry pit
 Temp. surface casing Overbore to seal depth
 Method of joining casing: Threaded Welded
 Solvent Weld Cemented between strata
 Describe access port _____ Well Cap

6. LOCATION OF WELL
 Sketch map location must agree with written location.

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Owyhee
 Address of Well Site Highway 78 Opeline mile
 (give at least name of road)
post 6 T. 2 N or S
SW 1/4 NW 1/4 Sec. 36, R. 4 E or W
 Gov. Lot No. 1

10.
 Work started 29 June 93 finished 9 July 93

11. DRILLER'S CERTIFICATION
 I/We certify that all minimum well construction standards were
 complied with at the time the rig was removed.
 Gary Duspiva Well Drilling &
 Firm Name Development Firm No. 395
 25050 Pet Lane Parma,
 Address Id. 83660-7037 Date 8 Aug. 93
 Signed by Drilling Supervisor [Signature]
 and
 (Operator) _____
 (If different than the Drilling Supervisor)

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Department of Water Resources
Western Regional Office

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FEB 09 1994