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Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 420886
Inspected by
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0052697
DRILLING PERMIT NO. 904076-851081
Water Right or Injection Well No. 63-12447

2. OWNER:
Name ARK PROPERTIES LLC
Address 11204 N BAR 21 DR
City GLENNS FERRY State ID Zip 83623

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 1 North ☒ or South ☐
Rge. 4 East ☒ or West ☐
Sec. 24, NW 1/4 (10 acres) SW 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot ____ County ELMORE
Lat: 43 : 24 : 654 **Long:** 115 : 55 : 486
Address of Well Site 1 MILE NE OF INDIAN CREEK Rd
SLATOR CREEK Rd INTERSECTION City MAYFIELD
(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 REVERSE

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	560	57,500	DRY POUR

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) ____
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER: 16"x10" REDUCER @ 602

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16	+2	602	.375	STEEL	☒	☐	☒	☐
10	612	638	.365	STEEL	☒	☐	☒	☐
10	678	690	.365	STEEL	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe 3'
Packer ☐ Y ☒ N Type ____

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method ____
Screen Type & Method of Installation JOHNSON WIRE WRAP

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
602	612	.030		10"	S.S.	☒	☐
638	678	.030		10	S.S	☒	☐
690	750	.040		10	S.S	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
#8-12 SAND	560	685	12,000	DRY POUR
#6-9 SAND	685	809	15,000	DRY POUR

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
270 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:
1½" PIPE ON SIDE

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WATER RESOURCES
WESTERN REGION

12. WELL TESTS:
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2000	139	399	6 hrs

Water Temp. 75 Bottom hole temp. 75
Water Quality test or comments: ____
Depth first Water Encounter ____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
24	0	4	TOP SOIL		X
	4	12	CLEAYY		X
	12	33	FINE - COARSE SAND		X
	33	34	BRN CLAY		X
	34	98	FINE - COARSE SAND w/SM BRN CLAY LAYERS	X	
	98	115	BRN CLAY		X
	115	126	FINE - MED SAND		X
	126	156	BRN CLAY w/SM SAND STREAK		X
	156	209	FINE - MED SAND w/SM BRN CLAY LAYERS		X
	209	217	SANDY LT TAN CLAY		X
	217	222	COARSE SAND w/PEA GRAVEL		X
	222	237	FINE SAND		X
	237	267	BLUE, BROWN CLAY		X
	267	274	SANDY TAN CLAY	X	
6 1/2	274	294	FINE - COARSE SAND, GRAVEL	X	
	294	305	BRN CLAY		X
	305	327	FINE BRN SAND	X	
TP	327	352	BRN, TAN CLAY		X
	352	363	COARSE SAND w/PEA GRAVEL	X	
	363	365	BRN CLAY		X
	365	445	FINE - COARSE SAND w/SM CLAY LAYERS	X	
	445	481	BRN CLAY w/SAND MIX		X
	481	484	FINE - COARSE SAND	X	
	484	533	FINE - MED SAND SOME CLAY	X	
	533	538	BRN CLAY		X
	538	545	FINE - MED SAND w/CLAY MIX	X	
	545	550	BRN CLAY		X
	550	586	GREY CLAY w/FINE - MED SAND LAYER	X	
	586	618	FINE - MED SAND w/CLAY MIX	X	
18"	618	624	BRN CLAY		X
	624	626	SANDY BLUE CLAY	X	
	626	756	FINE - MED SAND w/SM CLAY LAYERS	X	
	756	769	SANDY BRN CLAY	X	

Completed Depth 795' (Measurable)
Date: Started 4-24-08 Completed 6-12-08

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 RIVERSIDE INC Firm No. 333
Principal Driller [signature] Date 6-16-08
and
Driller or Operator II [signature] Date 6-16-08
Operator I ____ Date ____

Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

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Well ID No. 420886
Inspected by
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

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Rge. 4 East ☒ or West ☐
Sec. 24, ____ 1/4 (10 acres) SW 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot ____ County ELMORE
Lat: : : **Long:** : :
Address of Well Site 1 MILE NE of INDIAN CREEK RD, SLATOR CREEK RD INTERSECTION City MAYFIELD
(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 Material	From	To	Weight / Volume	Seal Placement Method

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) ____
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	750	762	.365	STEEL	☒	☐	☒	☐
10	772	782	.365	STEEL	☒	☐	☒	☐
10	792	795	.365	STEEL	☒	☐	☒	☐

Length of Headpipe ____ Length of Tailpipe ____
Packer ☐ Y ☐ N Type ____

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method ____
Screen Type & Method of Installation ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
762	772	.040		10	S.S.	☒	☐
782	792	.040		10	S.S.	☒	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
____ ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

12. WELL TESTS:
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____
____ Depth first Water Encounter ____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
18	769	775	COARSE-MED SAND w/PEA GRAVEL	X	
	775	787	GREY CLAY		X
	787	797	MED-COARSE SAND w/PEA GRAVEL	X	
	797	809	BLUE CLAY		X

Completed Depth ____ (Measurable)
Date: Started ____ Completed ____

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 ____ Firm No. ____
Principal Driller ____ Date ____
and
Driller or Operator II ____ Date ____
Operator I ____ Date ____
Principal Driller and Rig Operator *Required*.
Operator I must have signature of Driller/Operator II.

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