STATE OF IDAHO DEPARTMENT OF WATER RESOURCES
REPORT OF ABANDONMENT OF A WELL

1. Well number __________________________________________

2. Location ¼, ¼, ___ Section _______, Township ________, Range ________, B.M., ________ County

3. Present condition of the well (describe fully the method and procedures of abandonment)


4. Date work was completed ________________________________

5. Monument Description __________________________________


Operator ____________________________ Address ____________________________
Date ____________________________ Telephone ____________________________
(Month)   (Day)   (Year)

ACTION OF THE DIRECTOR DEPARTMENT OF WATER RESOURCES

This application has been reviewed in accordance with Title 42, Chapter 40, Idaho Code and is hereby
__________________ subject to the following limitations and conditions:

Date ____________________________ Director ____________________________