

Exhibit 6

Ground Water Well Logs

Clear Springs Area

Idaho Department of Water Resources

Listing of Driller Reports

Contact	Use	TWP	RNG	SEC	Tract	Gov. Lot	WellAddress	Sub	Bl	L	Gallons Per Minute	Static Water Level	Total Depth	Casing Depth	CSG. DIA.	Construction Date	P N
CLARK, DARWIN L	Domestic-Single Residence	08S	14E	34	NENE						0	72	115	19	6	9/1/1992	71
Related Documents																	
PILKINTON, C L	Domestic	08S	14E	34	NWNE						9999	89	115			2/7/1976	81
Related Documents																	
MOYLE, JAY	Domestic	08S	14E	34	SWNE						0	72	120			8/1/1980	77
Related Documents																	
MC CLOUD, KEITH	Domestic	08S	14E	34	NENW						15	67	99			8/15/1955	83
Related Documents																	
PICKINGTON, RAY	Domestic-Single Residence	08S	14E	34	NWNW		4 WEST X 5.5 SOUTH OF WENDELL				0	73	105	94	6	10/1/1983	71
Related Documents																	
JOHNS, ERICH	Domestic	08S	14E	34	SENE						0	80	99			12/23/1980	78
Related Documents																	
FRANCIS, BILL	Domestic	08S	14E	34	NESW						9999	80	100			12/31/9999	80
Related Documents																	
HARDMAN, PAUL	Domestic-Single Residence	08S	14E	34	NWSW		3569 S 1425 E					76	104	98	6	2/21/2008	85

Related Documents

PILKINTON, C L	Other	08S	14E	34	NWSW		9999	0	59		2/10/1976	81
----------------	-------	-----	-----	----	------	--	------	---	----	--	-----------	----

Related Documents

MONTGOMERY, ROBERT A	Domestic	08S	14E	34	SWSW		0	77	88		11/12/1962	83
----------------------	----------	-----	-----	----	------	--	---	----	----	--	------------	----

Related Documents

MONTGOMERY, MONTY B	Domestic- Single Residence	08S	14E	34	SWSW	APPROX 3525 S 1425 E		85	130	120	6/25/2004	81
---------------------	----------------------------------	-----	-----	----	------	----------------------------	--	----	-----	-----	-----------	----

Related Documents

MONTGOMERY, MONTY B	Irrigation	08S	14E	34	SWSW		0	75	205	18	16/6/7/1988	71
---------------------	------------	-----	-----	----	------	--	---	----	-----	----	-------------	----

Related Documents

A W B INDUSTRIES	Domestic	08S	14E	34	SESW		9999	85	103		3/4/1975	81
------------------	----------	-----	-----	----	------	--	------	----	-----	--	----------	----

Related Documents

BENNETT, JOE	Irrigation	08S	14E	34	NESE		0	77	120		4/14/1975	79
--------------	------------	-----	-----	----	------	--	---	----	-----	--	-----------	----

Related Documents

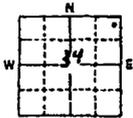
PHILLIPS	Domestic	08S	14E	34	SWSE		9999	82	100		9/2/1978	78
----------	----------	-----	-----	----	------	--	------	----	-----	--	----------	----

Related Documents

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

<p>1. WELL OWNER</p> <p>Name <u>Darwin Clark</u> Address <u>Rt. 1 Box 273 Wendell</u> Drilling Permit No. <u>36-92-S-0245-200</u> Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>72</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>-85</u> °F. Quality _____ <small>Describe artesian or temperature zones below.</small></p>																																																																																																				
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification <input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																																	
Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																																			
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <p style="text-align: right; margin-right: 50px;"><u>87127</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>8</td><td>0</td><td>4</td><td>Top Soil</td><td></td><td></td></tr> <tr><td></td><td>4</td><td>8</td><td>Sand</td><td></td><td></td></tr> <tr><td></td><td>8</td><td>12</td><td>Clay</td><td></td><td></td></tr> <tr><td></td><td>12</td><td>19</td><td>Blk hawa</td><td></td><td></td></tr> <tr><td>6</td><td>19</td><td>21</td><td>" "</td><td></td><td></td></tr> <tr><td></td><td>21</td><td>24</td><td>Clay</td><td></td><td></td></tr> <tr><td></td><td>24</td><td>27</td><td>Blk hawa</td><td></td><td></td></tr> <tr><td></td><td>27</td><td>66</td><td>Crevice hst Return</td><td></td><td></td></tr> <tr><td></td><td>66</td><td>81</td><td>Hard</td><td></td><td></td></tr> <tr><td></td><td>81</td><td>90</td><td>Soft</td><td></td><td></td></tr> <tr><td></td><td>90</td><td>96</td><td>Hard</td><td></td><td></td></tr> <tr><td></td><td>96</td><td>100</td><td>Soft</td><td></td><td>X</td></tr> <tr><td></td><td>100</td><td>105</td><td>Hard</td><td></td><td></td></tr> <tr><td></td><td>105</td><td>109</td><td>Soft</td><td></td><td>X</td></tr> <tr><td></td><td>109</td><td>115</td><td>Hard</td><td></td><td></td></tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	4	Top Soil				4	8	Sand				8	12	Clay				12	19	Blk hawa			6	19	21	" "				21	24	Clay				24	27	Blk hawa				27	66	Crevice hst Return				66	81	Hard				81	90	Soft				90	96	Hard				96	100	Soft		X		100	105	Hard				105	109	Soft		X		109	115	Hard		
Bore Diam.	Depth		Material	Water																																																																																																	
	From	To		Yes	No																																																																																																
8	0	4	Top Soil																																																																																																		
	4	8	Sand																																																																																																		
	8	12	Clay																																																																																																		
	12	19	Blk hawa																																																																																																		
6	19	21	" "																																																																																																		
	21	24	Clay																																																																																																		
	24	27	Blk hawa																																																																																																		
	27	66	Crevice hst Return																																																																																																		
	66	81	Hard																																																																																																		
	81	90	Soft																																																																																																		
	90	96	Hard																																																																																																		
	96	100	Soft		X																																																																																																
	100	105	Hard																																																																																																		
	105	109	Soft		X																																																																																																
	109	115	Hard																																																																																																		
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____ <small>(backhoe, hydraulic, etc.)</small></p>	<p>10.</p> <p>Work started <u>Sept. 1/92</u> finished <u>Sept. 1/92</u></p>																																																																																																				
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <p>Thickness <u>250</u> inches Diameter <u>6</u> inches + <u>1</u> feet <u>19</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet</p> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation? _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>19</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>Sanitary Well Cap</u></p>	<p>11. DRILLER'S CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Estor Lully</u> Firm No. <u>26</u> Address <u>Wendell</u> Date <u>9/2/92</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>Mail Current</u> (Operator) <u>[Signature]</u> <small>(if different than the Drilling Supervisor)</small></p>																																																																																																				
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p>  <p>Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Gooding</u> Address of Well Site _____ <small>(give at least name of road)</small> <u>NE 1/4 NE 1/4 Sec. 34</u> T. <u>8</u> N <input type="checkbox"/> or S <input checked="" type="checkbox"/> R. <u>14</u> E <input checked="" type="checkbox"/> or W <input type="checkbox"/></p>	<p>USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT</p>																																																																																																				

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.

<p>WELL OWNER</p> <p>Name <u>C. R. Pelhinton</u></p> <p>Address <u>Rt 1 Wendell Ida</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>89</u> feet below land surface</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Temperature _____ ° F. Quality _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug</p>																																								
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Draw Down	Hours Pumped																																					
Discharge G.P.M.	Draw Down	Hours Pumped																																							
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type)</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p>	<p>9. LITHOLOGIC LOG 40915</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>19</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>0</td> <td>5</td> <td>lap soil</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>5</td> <td>35</td> <td>Red Lava</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>35</td> <td>71</td> <td>gray Lava</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>7</td> <td>115</td> <td>Red Lava</td> <td></td> <td></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	19				6	0	5	lap soil			6	5	35	Red Lava			6	35	71	gray Lava			6	7	115	Red Lava		
Hole Diam.	Depth		Material	Water																																					
	From	To		Yes	No																																				
8	0	19																																							
6	0	5	lap soil																																						
6	5	35	Red Lava																																						
6	35	71	gray Lava																																						
6	7	115	Red Lava																																						
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other</p>																																									
<p>5. WELL CONSTRUCTION</p> <p>Diameter of hole _____ inches Total depth <u>115</u> feet</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2 5/8</u> inches</td> <td><u>6</u> inches</td> <td>+ <u>1</u> feet</td> <td><u>19</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>* Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____</p> <p>Place _____ feet to _____ feet</p> <p>Surface seal depth <u>19</u> Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Pudding clay <input checked="" type="checkbox"/> Well cuttings</p> <p>Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p>	Thickness	Diameter	From	To	<u>2 5/8</u> inches	<u>6</u> inches	+ <u>1</u> feet	<u>19</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet					
Thickness	Diameter	From	To																																						
<u>2 5/8</u> inches	<u>6</u> inches	+ <u>1</u> feet	<u>19</u> feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
Number	From	To																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location</p> <div style="text-align: center;"> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Gardiner</u></p> <p><u>NW 1/4 NE 1/4 Sec. 7 T. 8 N/S. R. 14 E/W</u></p>	<p>10. Work started _____ finished <u>Feb 7 '76</u></p>																																								
	<p>11. DRILLERS CERTIFICATION</p> <p>Firm Name <u>Chilton Service</u> Firm No. <u>24</u></p> <p>Address <u>Wendell Ida</u> Date <u>March</u></p> <p>Signed by (Firm Official) <u>James Lator</u></p> <p>and (Operator) <u>James Lator</u></p>																																								

47567

4

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

Log No. **RECEIVED**
 Rec. **DEC 19 1955**
 Well No. **Department of Reclamation**
 Permit No. _____

(DO NOT FILL IN)

Owner KEITH MC CLOUD Address WENDELL, IDAHO
 Driller J. LEMMETT SMITH, INC. Address JEROME, IDAHO Lic. No. 11
 Location of Well: NE 1/4 NW 1/4 Sec. 34, T. 8 N/S, R. 14 E/W GOODING County,
 and _____ feet N/S, and _____ feet E/W from _____ Corner of _____ 1/4 Sec. _____
 Size of Drilled Hole 6 1/2" Total depth of Well 99'
 Give depth of standing water from surface 67' Water Temp. _____ °Fahrenheit
 On pumping test delivery was 15 g.p.m. or _____ c.f.s. Drawdown was _____ feet.
 Size of pump and motor used to make the test _____
 Length of time pumped during check was 1 hr., _____ minutes.
 If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
 If flowing well, describe control works _____
 (TYPE AND SIZE OF VALVE, ETC.)
 Water will be used for DOMESTIC Weight of casing per linear foot 19.18
 Thickness of casing .280 Casing material STEEL PIPE
 E.G., PIPE, CONCRETE, WOOD.
 Diameter, length and location of casing 6", 7' 11", FROM 0 TO 7', 11"
 (CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER;
 CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.)
 Number and size of perforations _____ located _____ feet to _____ feet
 from surface of ground.
 Other perforations _____
 Date of commencement of well 8-13-55 Date of completion of well 8-15-55
 Type of well rig CABLE TOOLED

CASING RECORD

DIAM. CASING	FROM FEET	TO FEET	LENGTH	"REMARKS" -- SEALS, GROUTING, ETC.
6"	0	7' 11"	7' 11"	CASING DRIVEN IN

GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.

NE NW 8.34 RS 14E

376

RECEIVED

WELL DRILLER'S REPORT

The 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.

RECEIVED

OWNER: Erick Johns, Wendell

7. WATER LEVEL

FEB 26 1981

Static water level 90 feet below land surface. Flowing? No. Artesian closed-in pressure. Controlled by: Cap. Temperature of Quality.

8. WELL TEST DATA

8. WELL TEST DATA

Pump, Bailer, Air, Other

9. LITHOLOGIC LOG

Table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Entries include: 0-4 top soil, 4-42 Gray lava, 42-99 cinders.

10. DRILLER'S CERTIFICATION

Work started Dec 30 finished Dec 13-80

11. DRILLERS CERTIFICATION: I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name C.B. Eaton, Firm No. 24, Address Wendell Ida, Date Feb 16-81, Signed by James Eaton and Operator.

12. LOCATION OF WELL: Subdivision Name, Lot No., Block No., Section 34, T. 8, R. 14 E.

USE TYPEWRITER BALL POINT PEN

RECEIVED

7

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

APR 11 1975

1. WELL OWNER

Name A.W.B. Industries

Address 1015 main Blvd

Owner's Permit No. _____

7. WATER LEVEL

Department of Water Resources
Southern District Office

Static water level 8.5 feet below land surface

Flowing? Yes No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by Valve Cap Plug

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandoning)

8. WELL TEST DATA

Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test

Municipal Industrial Stock

9. LITHOLOGIC LOG 40913

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
	0	4	top soil		
	4	30	dry lava		
	30	37	dry lava		
	37	73	dark gray fine sand		
	73	87	clay		
	87	94	brnng lava		
	94	96	clay		
	96	100	blush lava		
	100	103	clay		

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 103 feet

Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6.58</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

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? Yes No To what depth 19 feet

Material used in seal Cement grout Pudding clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County Gooding

36

SE 1/4 SW 1/4 Sec. 34, T. 8 N, R. 14 E

10. Work started Feb 25 finished March 4

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Dave Krust's Well Drilling 196
Driller's or Firm's Name Number

RTD Kimberly Dr
Address

Dave Krust 4/11/75
Signed By Date

USE TYPEWRITER BALL POINT PEN

RECEIVED

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

MAY 19 1975

1. WELL OWNER

Name Joe Bennett

Address Rt. 1, Wendell, Idaho

Owner's Permit No. 367536

7. WATER LEVEL *Department of Water Resources*

Static water level 77 feet below land surface

Flowing? Yes No G.P.M. flow _____

Temperature 56 ° F. Quality Good

Artesian closed-in pressure _____ p.s.i.

Controlled by Valve Cap Plug

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandoning)

8. WELL TEST DATA

None

Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test

Municipal Industrial Stock

9. LITHOLOGIC LOG **40248**

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
20	0	1	Top soil		
	1	3	Hard clay		
	3	11	Broken gray basalt and boulders		
	11	18	Firm gray basalt		
16	18	41	Broken gray basalt		
	41	57	Firm gray basalt		
	57	77	Broken gray basalt		
	77	81	Firm gray basalt		
	81	88	Broken gray basalt	X	
	88	100	Firm gray basalt		
	100	108	Broken gray basalt and cinders (Lost all cuttings)	X	
	108	112	Firm gray basalt		
	112	118	Gray basalt cinders (lost all cuttings)	X	
	118	120	Firm gray basalt		

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 16 inches Total depth 120 feet

Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>.250</u> inches	<u>16</u> inches	<u>+ 1</u> feet	<u>18</u> feet

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

Size of perforation _____ inches by _____ inches

Number	From	To

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? Yes No Size of gravel _____

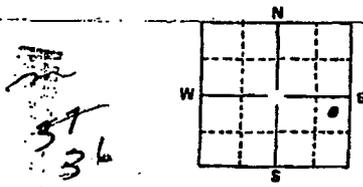
Placed from _____ feet to _____ feet

Surface seal? Yes No To what depth 18 feet

Material used in seal Cement grout Pudding clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County Gooding

NE 1/4 SE 1/4 Sec. 34, T. 8 N, R. 14 E

10. Work started APR 2, 1975 finished APR 14, 1975

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Alexander Drilling Co. 127

Driller's or Firm's Name _____ Number _____

510-13th St., Rupert, Idaho 83350

Address _____

Signed By J. D. Alexander Date May 19, 1975

RECEIVED
OCT 22 1961

WELL LOG AND REPORT

15

Log No. _____
 Department of Reclamation
 Rec. _____, 19____
 Well No. _____
 Permit No. _____

(DO NOT FILL IN)

Owner Herman Brande Driller Rosco Hardy
 Address Wendell 740 Address Sumner 740 Lic. No. 25
 Location of Wells: 1/4 1/4 Sec 35 T. 9 N/S, R. 12 E/27 Blending County.
 and _____ feet N/S, and _____ feet E/W from _____ corner of _____ 1/4 _____ 1/4 Sec _____
 Filing date _____
 Water will be used for irrigation Total depth of well 110 ft
 Size of drilled hole 14 inch
 Thickness of casing _____ Casing material _____
 Diameter, length and location of casing 110 ft of 1 3/4 inch pipe
 Number and size of perforations _____ located _____ feet to _____ feet
 from surface of ground.
 Other perforations: _____
 If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
 If non-flowing well, give depth of standing water from surface 20 ft
 On pumping test delivery was _____ g.p.m. of 100 inches c.f.s. Drawdown was _____ feet
 Length of time pumped during check was _____ hr. _____ min. Water temp. _____ ° Fahrenheit.
 Date of commencement of well Aug 23/61 Date of completion of well Aug 27/61
 Type of well rig 150 Keipstone

GENERAL INFORMATION - Pumping Test, Quality of Water, Etc.

RECEIVED

OCT 12 1961

WELL LOG AND REPORT

RECEIVED
NOV 17 1961

Log No. _____
Department of Reclamation

Rec. _____ 19__

Well No. _____

Permit No. _____

Department of Reclamation
(DO NOT FILL IN)

Owner Herman Brachi Driller Ernest Bailey

Address Wendell Ida Address Idaho Lic. No. 75

Location of Wells: 1/4 36 & 2nd Ave. East Twin Falls, Idaho County Banding

and _____ feet N/S, and _____ feet E/W from _____ corner of _____ 1/4 1/4 Sec.

Filing date _____

Water will be used for irrigation Total depth of well 120

Size of drilled hole 12 inch

Thickness of casing _____ Casing material _____

Diameter, length and location of casing 6" by 10" to top of hole

Number and size of perforations _____ located _____ feet to _____ feet from surface of ground.

Other perforations: _____

If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____

If non-flowing well, give depth of standing water from surface water sandy and not enough

On pumping test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet

Length of time pumped during check was _____ hr. _____ min. Water temp. _____ ° Fahrenheit.

Date of commencement of well June 10/61 Date of completion of well June 15/61

Type of well rig 750 Keystone

GENERAL INFORMATION - Pumping Test, Quality of Water, Etc.

_____ used

535 9514E

36
37

TIMES-NEWS

WELL DRILLER'S REPORT

NOV 16 1977

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.

Department of Water Resources Southern District Office

1. WELL OWNER
 Name Edward Hubbard
 Address Wendell
 Owner's Permit No. _____

7. WATER LEVEL
 Static water level 70 feet below land surface
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA None
 Pump Bailor Other

Discharge G.P.M.	Draw Down	Hours Pumped

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

40226

4. METHOD DRILLED
 Cable Rotary Dug Other

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	5 1/2	Top Soil		X
	5 1/2	7 1/2	Broken Basalt		
	7 1/2	30	Gray Basalt w/seams		
	30	35	Clay w/broken rock		
	35	42	Med Hard Gray Basalt		
	42	49	Soft & Broken		
	49	51	Hard Gray Basalt w/broken spots		
	51	54	Gray Med Soft Basalt w/hard spots		
	54	61	Broken -lost return		
	61	70	Hard with broken spots		
	70	75	Cinders		
	75	82	Hard		X
6	82	97	Very Broken w/hard spots cinder	X	

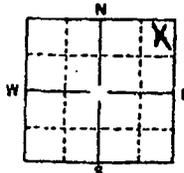
5. WELL CONSTRUCTION
 Diameter of hole 6 inches Total depth 97 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6 5/8 OD</u> inches	<u>1</u> feet	<u>82</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ 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
 Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

 Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 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 18 Material used in seal Cement grout
 Pudding clay Well cuttings
 Sealing procedure used Slurry pit Temporary surface casing
 Overbore to seal depth

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

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Gooding
36 NE 1/4 NE 1/4 Sec. 35 T. 8S N/S, R. 14E BME/W

10. Work started 9/10/77 finished 9/13/77

11. DRILLER'S CERTIFICATION
 SMITH DRILLING & PUMP CO., INC.
 Firm Name _____ Firm No. 11
 Address 328 West Avenue A, Jerome Date 9/30/77
 Signed by (Firm Official) _____
 and _____
 (Operator)

REPORT OF WELL DRILLER
State of Idaho

Department of Water Resources
Southern District Office

State law requires that this report shall be filed with the State Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:
Name Al Berger
Address Windell, Idaho

Owner's Permit No. 36-7592 NR
NATURE OF WORK (check): Replacement well
New well Deepened Abandoned

Water is to be used for:
METHOD OF CONSTRUCTION: Rotary Cable
Dug Other (explain)

CASING SCHEDULE: Threaded Welded
16" Diam. from 1 ft. to 19 ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
Thickness of casing: _____ Material:
Steel concrete wood other

(explain)
PERFORATED? Yes No Type of perforator used: _____

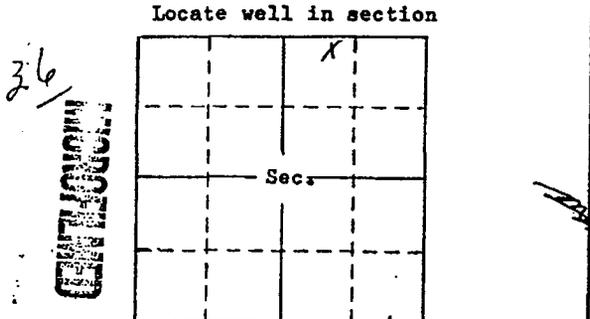
Size of perforations: _____ " by _____ "
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

WAS SCREEN INSTALLED? Yes No
manufacturer's name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes
No size of gravel _____ Gravel placed from _____ ft. to _____ ft. Surface seal provided? Yes No To what depth? 18 ft. Material used in seal: _____

Did any strata contain unusable water? Yes
No Type of water: _____
Depth of strata _____ ft. Method of sealing strata off: _____

Surface casing used? Yes No
Cemented in place? Yes No



LOCATION OF WELL: County Bonding
E x N.W. Sec. 35 T. 8 S R. 14 E

Size of drilled hole _____
depth of well: 100 Standard Water level below ground: 70 Temp. _____
Fahr. Cold Test delivery: _____ gpm
or _____ cfs Pump? Bail
Size of pump and motor used to make test: _____

Length of time of test: _____ Hrs. _____ Min.
Drawdown: _____ ft. Artesian pressure: _____ ft.
above land surface _____ Give flow _____ cfs
or _____ gpm. Shutoff pressure: _____
Controlled by: Valve Cap Plug
No control Does well leak around casing? Yes No

DEPTH MATERIAL WATER 40249
FROM TO TEST OR NO

FEET FEET			
0	12	firm clay	no
12	45	gray lava chert formation	no
45	67	bbk. lower part formation	yes
67	95	bbk. sand shale side of bbk.	yes
95	100	hard bbk. lower 1' cinder	yes

Work started: 4-5-76
Work finished: 4-17-76
Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.
Name: George Bailey Well Drilling
Address: Box 146 - Kimberly, Idaho
Signed by: George Bailey
License No. 491 Date: 4-20-76

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

_____ 765201
_____ edhart
_____ 00 South
_____ State ID Zip 83355

_____ legal description:
_____ written location.

_____ North or South
_____ East or West
_____ 1/4 SW 1/4 SW 1/4
_____ County Gooding

_____ Site
_____ City Wendell
_____ Name

_____ Monitor Irrigation
_____ Other Commercial--Dairy
_____ apply (Replacement etc.)
_____ abandonment Other

_____ Mud Rotary Other

AMOUNT	METHOD
Sacks or Pounds	
8 S	Poured

_____ Depth(s) 139 ft.
N How? Air pressure

Material	Casing	Liner	Welded	Threaded
Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Length of Tailpipe
_____ Knife

_____ meter	Material	Casing	Liner
8"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

_____ ARTESIAN PRESSURE:
_____ pressure _____ lb.
_____ ft. Describe access port or

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12"	0	5	Topsoil		X
	5	37	Gray basalt		X
	37	41	Crevice, lost circulation		X
	41	64	Fractured basalt		X
	64	72	Soft--cinders		X
	72	77	Fractured basalt		X
	77	80	Crevice		X
	80	86	Fractured basalt		X
	86	90	Crevice		X
	90	102	Fractured basalt	X	
	102	109	Soft--cinders	X	
	109	118	Fractured basalt	X	
	118	139	Basalt		X
8"	139	158	Soft basalt	X	
	158	167	Fractured basalt	X	
	167	168	Sand & gravel	X	
			Filled to 160 ft.		

RECEIVED
JUL 31 2000
Department of Water Resources
Southern Region
RECEIVED
AUG - 2 2000
Department of Water Resources

Completed Depth 160 ft. (Measurable)
Date: Started 7-21-00 Completed 7-26-00

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 Elsing Drilling Firm No. 31
Firm Official *Arnold Elsing* Date 7-27-00
and
Driller or Operator *Craig Egan* Date 7-27-00
(Sign once if Firm Official & Operator)

App
895825

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

SEP 29 2006

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

1. WELL TAG NO. **D 0043171**
DRILLING PERMIT NO. **841212**
Other IDWR No. **411488**

2. OWNER:
Name **Vandyke & Sons Partnership**
Address **3578 S 1500 E**
City **Wendell** State **ID** Zip **83355**

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N		Twp. 8		North <input type="checkbox"/>	or	South <input checked="" type="checkbox"/>
W		Rge. 14		East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>
E		Sec. 35		SE 1/4 SE 1/4 SW 1/4		
S		Gov't Lot _____		County Gooding		
		Lat: _____		Long: _____		
		Address of Well Site 1598 E 3600 S		City Wendell		

(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other **commercial-dairy**

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
Material	From To	Sacks or Pounds		
shell trap				
bentonite	0 -20	400 lbs	dry pour	

Was drive shoe used? Y N Shoe Depth(s) **123' 6"**
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	-138	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
100 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: **well cap**

11. WELL TESTS:

Pump Baldr Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. **<85**
Water Quality test or comments: _____
Depth first Water Encounter **105**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
12	0	3	top soil & sand	
12	3	27	medium lava	
12	27	29	broken cinders	
12	29	71	medium soft lava	
12	71	73	soft lava & breaks	
12	73	83	medium soft lava	
12	83	85	soft lava & breaks	
12	85	93	medium lava	
12	93	105	soft broken cinders	X
12	105	108	medium lava	
12	108	114	soft lava, breaks & cinders	X
12	114	116	medium lava	
12	116	123	soft black cinders	
8	123	125	soft lava & breaks	X
8	125	127	medium lava	
8	127	128	soft broken lava & cinders	X
8	128	138	medium soft lava & breaks	X

Completed Depth **138** (Measurable)
Date: Started **8/7/2006** Completed **8/8/2006**

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 **Eaton Drilling & pump Service, Inc.** Firm No. **26**
Firm Official *[Signature]* Date **9/27/2006**
and
Driller or Operator *[Signature]* Date **9/27/2006**
(Signatures of Firm Official & Operator)

Idaho Department of Water Resources

Listing of Driller Reports

Contact	Use	TWP	RNG	SEC	Tract	Gov. Lot	Well Address	Sub	Bl	L	Gallons Per Minute	Static Water Level	Total Depth	Casing Depth	CSG. DIA.	Construction Date
STRICKLAND, EVELYN	Domestic- Single Residence	08S	14E	36	NENE		3503 SOUTH 1700 EAST				0	62	105	19	6	5/24/1999
Related Documents																
BLICK	Irrigation	08S	14E	36	NWNE						9999	0	98			12/31/9999
Related Documents																
GRISSOM, WILLIAM	Domestic	08S	14E	36	NWNE						450	72	98			12/31/9999
Related Documents																
MOORE, MARILYN N	Domestic	08S	14E	36	NENW						0	62	98			11/20/1972
Related Documents																
MC CLELLAN, SHAWN	Domestic- Single Residence, Domestic- Single Residence	08S	14E	36	NENW		1649 BOB BARTON					74	94	-18	8	9/25/2001
Related Documents																
MADALENA, JOHN	Domestic- Single Residence	08S	14E	36	NWSW		3560 S 1600 E				0	64	105	18	6	5/18/1993
Related Documents																
MADALENA,	Domestic-															

JOHN	Single Residence	08S	14E	36	NWSW	3560 S 1600 E	0	64	105	18	6	5/18/1993
O G DAIRY	Stockwater	08S	14E	36	SESW		0	80	130			6/6/1978

Related Documents

BLICK BROTHERS FARMS PARTNERSHIP	Irrigation	08S	14E	36	SESW	1 MI SOUTH OF BOB BURTON	0	76	144			4/15/1995
BLICK BROTHERS FARMS PARTNERSHIP	Irrigation	08S	14E	36	SESW	1 MI SOUTH OF BOB BURTON	0	76	144			4/15/1995

Related Documents

BLICK BROTHERS FARMS PARTNERSHIP	Irrigation	08S	14E	36	SESESW	MADELENA'S WELL 3600 S APPROX 1660 E	0	69	180			1/10/1996
----------------------------------	------------	-----	-----	----	--------	--------------------------------------	---	----	-----	--	--	-----------

Related Documents

HENSLEE, FRANK	Irrigation	08S	14E	36	NESE		0	95	300			3/1/1968
----------------	------------	-----	-----	----	------	--	---	----	-----	--	--	----------

Related Documents

CRAIG, JERIMY	Domestic-Single Residence	08S	14E	36	SWSE	1676 E 3600 S		88	210	122	6	11/16/2004
---------------	---------------------------	-----	-----	----	------	---------------	--	----	-----	-----	---	------------

Related Documents

MADALENA, JOHN	Irrigation	08S	14E	36	SWSE		9999	70	85			3/2/1976
----------------	------------	-----	-----	----	------	--	------	----	----	--	--	----------

Related Documents

47566

24

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

Log No. _____
 Rec. June 18 1952
 Well No. _____
 Permit No. 24112

DO NOT FILL IN

Owner William Grissom Driller Eaton & Sons
 Address Wendell, Idaho Address Wendell, Idaho Lic. No. 76
 Location of Well: NW 1/4, NE 1/4 Sec. 36, T. 8 N/S, R. 14 E/W GARDING County.
 and _____ feet N/S, and _____ feet E/W from _____ corner of _____ 1/4 _____ 1/4 Sec. _____
 Water will be used for Irrigation & domestic Total depth of well 98 feet
 Size of drilled hole 12" Weight of casing per linear foot _____
 Thickness of casing _____ Casing Material _____
 e.g. pipe, concrete, wood.
 Diameter, length and location of casing _____
 (Casing 12" in diameter and under give inside diameter; casing over 12" in diameter give outside diameter.)
 Number and size of perforations _____ located _____ feet to _____ feet
 from surface of ground.
 Other Perforations: _____
 If flowing well, give flow in c.f.s. _____ or g.p.m. 450 and shut in pressure _____
 If nonflowing well, give depth of standing water from surface 72 feet
 If flowing well, describe control works _____
 (Type and size of valve, etc.)
 On pumping test delivery was 450 g.p.m. or _____ c.f.s. Drawdown was none feet
 Length of time pumped during check was week hr. _____ min. Water temp. 60 °Fahrenheit.
 Date of commencement of well May, 1952 Date of Completion of well May, 1952
 Type of well rig S.P.U.D.I.N.G.

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—Seals, Grouting, Etc.
12			8 ft	Through top soil cemented

GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.

AWNE 536 85 14E

Permit 24112

85

USE TYPEWRITER BALL POINT PEN

RECEIVED

25

WELL DRILLER'S REPORT

DEC 1 1972

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

Department of Water Administration Southern District Office

1. WELL OWNER Name: MARILYN N. MOORE Address: RT #2 Wendell Idaho Owner's Permit No.: None Required

7. WATER LEVEL Static water level: 62 1/2 feet below land surface Flowing? [] Yes [X] No G.P.M. flow: Temperature: Quality: Artesian closed-in pressure: p.s.i. Controlled by [] Valve [] Cap [] Plug

2. NATURE OF WORK [X] New well [] Deepened [] Replacement [] Abandoned (describe method of abandoning)

8. WELL TEST DATA [] Pump [] Bailor [X] Other: Rotary Air Blown Discharge G.P.M.: Draw Down: Hours Pumped: ONE

3. PROPOSED USE [X] Domestic [] Irrigation [] Test [] Municipal [] Industrial [] Stock

9. LITHOLOGIC LOG 40251

4. METHOD DRILLED [] Cable [X] Rotary [] Dug [] Other

Lithologic Log Table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Rows include: 8" 0-6 Top Soil, 6" 6-10 Loose Rock, 10" 10-12 HARD GRAY LAVA, 12" 12-19 HARD GRAY LAVA w/ Broken Spots, 6" 19-33 HARD PINK LAVA, 33" 33-35 1/2 CREVICE, 35 1/2" 35 1/2-39 HARD ROCK, 39" 39-50 Med. HARD Porus Rock w/ Small Brakes, 50" 50-56 VERY PORUS ROCK, 56" 56-76 1/2 Porus Broken Rock, 5" 76 1/2-80 HARD GRAY LAVA, 80" 80-84 PORUS GRAY LAVA, 84" 84-85 HARD GRAY LAVA, 85" 85-90 VERY HARD GRAY LAVA, 90" 90-98 Broken Porus Gray LAVA, 98" - Bottom of Hole.

5. WELL CONSTRUCTION Diameter of hole: 5 inches Total depth: 98 feet Casing schedule: [X] Steel [] Concrete Thickness: 25/8 inches Diameter: 5 9/16 inches From: 2 feet To: 76 1/2 feet Was a packer or seal used? [] Yes [X] No Perforated? [X] Yes [] No How perforated? [X] Factory [] Knife [] Torch Size of perforation: 1/8 inches by 3 inches Number: 160 perforations From: 66' 10" feet To: 76' 10" feet Well screen installed? [] Yes [X] No Manufacturer's name: Type: Model No.: Diameter: Slot size: Set from: feet to: feet Gravel packed? [] Yes [X] No Size of gravel: Placed from: feet to: feet Surface seal? [X] Yes [] No To what depth: 18 feet Material used in seal: [] Cement grout [X] Puddling clay

6. LOCATION OF WELL Sketch map location must agree with written location. 36 County: Gooding NE 1/4 NW 1/4 Sec. 36, T. 8, R. 14 E 1/4

10. Work started Nov. 10, 1972 finished Nov. 20, 1972

11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. Smith Drilling & Pump Co. Inc. 11 Driller's or Firm's Name Number 328 West Ave. "A" Jerome, Idaho, 83338 Address Signed By: [Signature] Date: Nov 29, 72

Basin 36
APP 848887
Per 771413

ID 343536

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0016622

DRILLING PERMIT NO. _____

Other IDWR No. _____

2. OWNER:

Name Shawn McClellan

Address 1649 Bob Barton Rd.

City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>8</u>		North <input type="checkbox"/>	or	South <input checked="" type="checkbox"/>
W	E	Rge. <u>14</u>	East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>	
		Sec. <u>36</u>	1/4 <u>NE</u> 1/4 <u>NW</u> 1/4			
S		Gov't Lot _____	County <u>Gooding</u>	10 acres 40 acres 160 acres		
		Lat _____	Long _____			

Address of Well Site 1649 Bob Barton Rd.

City Wendell

(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
Material	From To	Sacks or Pounds		
bentonite	0 18	200 lbs.		dry pour

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
6"	+2	18	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1' Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

- Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

- Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. <85 Bottom hole temp. <85

Water Quality test or comments: _____

Depth first Water Encounter 79'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8	0	8	sand & top soil		
8	8	18	medium hard lava		
6	18	20	medium lava		
6	20		soft lava, ash & cinder pocket		
6	24	37	medium lava		
6	37	44	soft lava, ash & cinders		
6	44	53	medium lava		
6	53	59	soft lava & ash		
6	59	63	medium lava		
6	63	70	soft lava		
6	70	79	medium lava		
6	79	88	soft lava		X
6	88	90	broken lava		X
6	90	93	medium lava		
6	93	103	soft broken lava & cinders		X

RECEIVED

OCT 10 2001

RECEIVED

OCT 17 2001

Department of Water Resources
Southern Region

Completed Depth 94' (Measurable)
Date: Started 9/25/2001 Completed 9/25/2001

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 Eaton Drilling & pump Service, Inc. Firm No. 26

Firm Official [Signature] Date 10/5/01

and

Driller or Operator [Signature] Date 10/5/01

(Sign once if Firm Official & Operator)

Helper [Signature]

FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
USE BALLPOINT PEN

28

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.

JUN 23 1978

Department of Water Resources
Southern District Office

<p>1. WELL OWNER</p> <p>Name <u>O & DAILY</u></p> <p>Address <u>Wendell</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>80</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug <u>WED</u></p> <p>Temperature _____ °F. Quality _____</p>																																		
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Baller <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																															
Discharge G.P.M.	Pumping Level	Hours Pumped																																	
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>10</td> <td>TOP SOIL</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>10</td> <td>19</td> <td>CLAY LAY</td> <td> </td> <td> </td> </tr> <tr> <td>6</td> <td>19</td> <td>80</td> <td>CLAY LAY</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>80</td> <td>130</td> <td>NO RETURNS</td> <td> </td> <td> </td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	10	TOP SOIL				10	19	CLAY LAY			6	19	80	CLAY LAY				80	130	NO RETURNS		
Hole Diam.	Depth		Material	Water																															
	From	To		Yes	No																														
8	0	10	TOP SOIL																																
	10	19	CLAY LAY																																
6	19	80	CLAY LAY																																
	80	130	NO RETURNS																																
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2.50</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>19</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>19</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Pudding clay <input checked="" type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p>	Thickness	Diameter	From	To	<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet													Number	From	To											
Thickness	Diameter	From	To																																
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet																																
Number	From	To																																	
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location. <u>36</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td colspan="2" style="text-align: center;">Subdivision Name _____</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> <td style="text-align: center;">Lot No. _____ Block No. _____</td> </tr> <tr> <td style="text-align: center;">S</td> <td colspan="2"> </td> </tr> </table> <p>County <u>Gooding</u></p> <p><u>SE 1/4 SW 1/4 Sec. 36, T. 8 N, R. 14 E.</u></p>	N	Subdivision Name _____		W	E	Lot No. _____ Block No. _____	S			<p>10. Work started <u>6-3</u> finished <u>6-6</u></p>																									
N	Subdivision Name _____																																		
W	E	Lot No. _____ Block No. _____																																	
S																																			
<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>C. B. Eaton</u> Firm No. <u>26</u></p> <p>Address <u>Wendell</u> Date <u>6-6-78</u></p> <p>Signed by (Firm Official) <u>James Eaton</u></p> <p>and <u>[Signature]</u></p> <p>(Operator)</p>																																			

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

29

49687

1. DRILLING PERMIT NO. 36-95-S-0065-100
Other IDWR No. 36-07681

2. OWNER:
Name Blick Beas Farms
Address Box 635
City Carleton Place State Id Zip 83221

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N	
S	

Twp. 5 North or South
Rge. 14 East or West
Sec. 36 1/4 SE 1/4 SW 1/4
Gov't Lot _____ County Gooding

Address of Well Site
1 mi S. of Pub Union City Wendell
(Give at least name of road or Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name John Madelung
Prop.

4. PROPOSED USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK Deeper
 New Well Modify or Repair Replacement Abandonment

6. DRILL METHOD
 Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

Material	SEAL/FILTER PACK		AMOUNT Sacks or Pounds	METHOD
	From	To		
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

76 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Welded Steel pipe

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. 78 Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>100</u>	<u>107</u>	<u>Broken Laver</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>12</u>	<u>107</u>	<u>124</u>	<u>Soft Broken Laver</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>8</u>	<u>124</u>	<u>144</u>	<u>Hard</u>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED
JUN 19 1995
Department of Water Resources

RECEIVED
MAY 11 1995
Department of Water Resources
Southern Region

Completed Depth 144 (Measurable)
Date: Started 4-15-95 Completed 4-15-95

13. DRILLER'S CERTIFICATION

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

Firm Name Eaton Drilling Firm No. 76

Firm Official [Signature] Date _____

and Supervisor or Operator [Signature] Date 4-25-95

(Sign once if Firm Official & Operator)

AUG 15 1995

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

62410

1. DRILLING PERMIT NO. 36-95-S-0246-100
Other IDWR No. 36-02228A

2. OWNER:
Name Slick Bros Farming
Address P.O. Box 635
City Castleford State Id Zip 83321

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>8</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>	
E		Rge. <u>14</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>36</u> SE 1/4 SW 1/4 SE 1/4	
W		Gov't Lot _____ County <u>Latah</u> 160 acres	

Address of Well Site Hodelan's well
1605 5th Ave City Wendell
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

- Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK Deepen

- New Well Modify or Repair Replacement Abandonment

6. DRILL METHOD

- Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	

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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

- Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. -85° Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
15	90	99	Hard No Returns		
	94	112	Broken + Cinders	X	
	112	118	Med Hard	X	
	118	119	Broken	X	
	119	151	Hard		
	151	159	Med Hard + Breaks	X	
	159	170	Hard		
	170	173	Broken + Cinders		
	173	180	Hard		

RECEIVED
JAN 31 1996
Department of Water Resources

RECEIVED
JAN 11 1996
Department of Water Resources
Southern Region

MAY 06 1996

Completed Depth 176 (Measurable)
Date: Started 1-10-96 Completed 1-10-96

13. DRILLER'S CERTIFICATION

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

Firm Name Eaton Drilling Firm No. 26

Firm Official [Signature] Date 1-11-96

and Supervisor or Operator [Signature] Date 1-11-96

(Sign once if Firm Official & Operator)

REPORT OF WELL DRILLER
State of Idaho

RECEIVED
APR 4 1968
Department of Reclamation

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:

Name Frank Henslee

Address Hagerman, Idaho

Owner's Permit No.

NATURE OF WORK (check): Replacement well
New well Deepened Abandoned

Water is to be used for: Irrigation

METHOD OF CONSTRUCTION: Rotary Cable
Dug Other

(explain)
CASING SCHEDULE: Threaded Welded
"Diam. from ft. to ft.
Thickness of casing: Material:
Steel concrete wood other

(explain)
PERFORATED? Yes No Type of perforator used:

Size of perforations: " by "
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

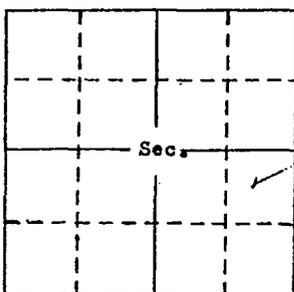
AS SCREEN INSTALLED? Yes No
Manufacturer's name Model No.
Type
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes
No size of gravel Gravel placed from ft. to ft. Surface seal provided? Yes No To what depth? ft. Material used in seal:

Did any strata contain unusable water? Yes
No Type of water:
Depth of strata ft. Method of sealing strata off:

Surface casing used? Yes No
Cemented in place? Yes No

Locate well in section



LOCATION OF WELL: County Gooding
NE 1/4 SE 1/4 Sec. 36T. 28S N/S R. 14E/W

Size of drilled hole: 12"
depth of well: 300 ft. Standing water level below ground: 95 ft. Temp. Fahr. Test delivery: gpm or cfs Pump? Bail
Size of pump and motor used to make test:

Length of time of test: Hrs. Min.
Drawdown: ft. Artesian pressure: ft. above land surface. Give flow cfs or gpm. Shutoff pressure:
Controlled by: Valve Cap Plug
No control Does well leak around casing? Yes No

DEPTH MATERIAL WATER
FROM TO YES OR NO

FEET	FEET		
155	168	Hard grey lava	
168	213	Black lava, layers of porous lava	
213	222	Hard grey lava	
222	231	Black hard lava	
231	240	Hard grey lava	
240	246	Brown silt	
246	286	Brown sand & gravel, picked up quite a bit of water.	
286	300	Brown sticky clay.	

100587

Work started: Feb. 15, 1968
Work finished: March 1, 1968
Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.
Name: Elmer Austin

Address: Hansen, Idaho

Signed by: Mack Gray Shell
License No. 43 Date: 3/11/68

Mack Gray Shell Drilling

Use other side for additional remarks

USGS

App 886133
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

32

1. WELL TAG NO. D 0034494
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

826150
ID 396777

2. OWNER:
 Name Jeremy Craig
 Address P.O. Box 140
 City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub, or Directions to well.
 Twp. 8 North or South
 Rge. 14 East or West
 Sec. 36 1/4 SW 1/4 SE 1/4
 Gov't Lot _____
 County Gooding
 Lat: : : Long: : :
 Address of Well Site
1676 East 3600 South City Wendell
(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
Bentonite	5	18	4 S	Poured

Was drive shoe used? Y N Shoe Depth(s) 122 ft.
 Was drive shoe seal tested? Y N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	122	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:
 Pump Bailor 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) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	6	Topsoil		X
	6	70	Gray basalt		X
	70	83	Fractured gray basalt	X	
	83	96	Tan sandy clay	X	
	96	112	Cinders, brown sand	X	
	112	122	Fractured gray basalt		X
6"	122	189	Fractured gray basalt		X
	189	206	Brown sandstone	X	
	206	230	Coarse brown sand	X	
Total depth 210 ft.					

RECEIVED

NOV 19 2004

Department of Water Resources
Southern Region

Completed Depth 210 ft. (Measurable)
 Date: Started 11-16-04 Completed 11-16-04

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 Elsing Drilling Firm No. 31
 Principal Driller Arnold Elsing Date 11-17-04
 and
 Driller or Operator II Craig Egan Date 11-17-04
 Operator I Doyle Hays Date 11-17-04
Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

RECEIVED
MAY 17 1967

REPORT OF WELL DRILLER
State of Idaho

Department of Reclamation

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:

Name M. A. Strickland

Address Wendell

Owner's Permit No. G 29917

NATURE OF WORK (check): Replacement well

New well Deepened Abandoned

Water is to be used for: irrigation

METHOD OF CONSTRUCTION: Rotary Cable

Dug Other

(explain)

CASING SCHEDULE: Threaded Welded

16 "Diam. from 0 ft. to 10 ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

Thickness of casing: .250 Material:

Steel concrete wood other

(explain)

PERFORATED? Yes No Type of perforator used:

Size of perforations: " by "

perforations from ft. to ft.

AS SCREEN INSTALLED? Yes No

Manufacturer's name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes

No. size of gravel Gravel

placed from ft. to ft. Surface seal

provided? Yes No To what depth?

 ft. Material used in seal:

Cement base around well

Did any strata contain unusable water? Yes

No. Type of water:

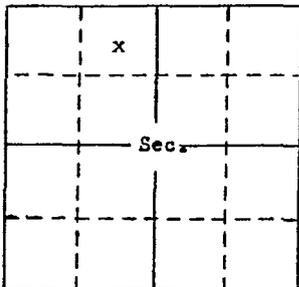
Depth of strata ft. Method of sealing

strata off:

Surface casing used? Yes No

Cemented in place? Yes No

Locate well in section



LOCATION OF WELL: County Gooding

ne 8 nw 8 Sec. 8 T. 31 N/S R. 15 E/W

31 8 Use other side for additional remarks

Size of drilled hole: 16" Total depth of well: 80 ft. Standing water level below ground: 59 ft. Temp. 67.5 Fahr. Test delivery: 4.50 gpm or cfs Pump? Bail

Size of pump and motor used to make test: Not tested 6" Turbine

Length of time of test: PERM. Hrs. Min.

Drawdown: none ft. Artesian pressure: ft. above land surface Give flow cfs or gpm. Shutoff pressure:

Controlled by: Valve Cap Plug

No control Does well leak around casing? Yes No

DEPTH MATERIAL WATER

FEET FEET YES OR NO

FROM TO

0 8 top soil " no

8 16 grey lava " "

16 25 black cinders " "

25 37 brown lava " "

37 62 grey lava " "

62 78 black cuttings yes

78 80 cinders " "

100597

Work started: July 1961

Work finished: July 1961

Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.

Name: G. B. Eaton & Son's

Address: Wendell

Signed by: [Signature]

License No. 26 Date: 6-14-67

ALLS GS

USE TYPEWRITER OR BALL POINT PEN

RECEIVED

WELL DRILLER'S REPORT

OCT 15 1976

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.

Department of Water Resources Southern District Office

1. WELL OWNER
Name North Side Canal Company
Address Jerome, Idaho
Owner's Permit No.

7. WATER LEVEL
Static water level 62 feet below land surface
Flowing? No G.P.M. flow
Temperature F. Quality
Artesian closed-in pressure p.s.i.
Controlled by Valve Cap Plug

2. NATURE OF WORK
New well Deepened Replacement
Abandoned (describe method of abandoning)

8. WELL TEST DATA NONE
Pump Bailer Other
Discharge G.P.M. Draw Down Hours Pumped

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

9. LITHOLOGIC LOG 40290
Hole Diam. Depth From To Material Water Yes No

4. METHOD DRILLED
Cable Rotary Dug Other

5. WELL CONSTRUCTION
Diameter of hole 6 inches Total depth 98 feet
Casing schedule: Steel Concrete
Thickness Diameter From To
2.50 inches 6 5/8 inches 1 feet 19 1/8 feet
Was casing drive shoes used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation inches by inches
Number From To
perforations feet feet
perforations feet feet
perforations feet feet
Well screen installed? Yes No
Manufacturer's name
Type Model No.
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 18 Material used in seal Cement grout
Pudding clay Well cuttings
Sealing procedure used Slurry pit Temporary surface casing
Overbars to seal depth

Lithologic log table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Rows include Top Soil, Broken Gray Basalt, Hard Gray Basalt, Med Hard Brown Basalt, Very Hard Gray Basalt, etc.

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name
Lot No. 2 Block No.
County Gooding
SW 1/4 NW 1/4 Sec. 31 T. 8S N/S. R. 15EBM E/W

10. Work started 10/8/76 finished 10/9/76

11. DRILLERS CERTIFICATION
SMITH DRILLING & PUMP CO., INC. Firm No. 11
Address 328 W 1st Avenue A Date 10/11/76
Signed by (Firm Official) and Operator Lee A. Rhoads

RECEIVED

Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

OCT 13 1995

RECEIVED
OCT 23 1995

04140

39

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

Department of Water Resources

1. DRILLING PERMIT NO. 36-95-5-0179-200

Other IDWR No. _____

2. OWNER:

Name Bill Fleming
Address 1740 E 3600 S
City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N				
W				E
S				

Twp. 8^S North or South
 Rge. 15^E East or West
 Sec. 31 1/4 SW 1/4 SW 1/4 SW 1/4
 Gov't Lot _____ County Gooding
 Lat. : : Long. : : :
 Address of Well Site 1740 E 3600 S
 City Wendell

(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 Replacement

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>0</u>	<u>19</u>	<u>150 LBS</u>	<u>Dry</u>

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
<u>6"</u>	<u>+1</u>	<u>19</u>		<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe +1 Length of Tailpipe 19

9. PERFORATIONS/SCREENS

Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

88 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 102 ft. Describe access port or control devices: Well Cap

11. WELL TESTS:

- Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. -85° Bottom hole temp. -85°
 Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	2	TOP Soil		
8	2	15	Sandy Clay + Gravel		
8 1/2	15	24	Gray Lava		
6	24	25	Sandy Clay		
	25	29	Black Lava		
	29	35	Gray Lava		
	35	38	Black + Brown Lava		
	38	46	Gray Lava		
	46	47	Gray Lava Broken		
	47	53	Gray Lava		
	53	56	Black Lava		
	56	73	Brown Clay + Black Lava		
	73	75	Black Lava		
	76	78	Black Lava Broken		
	78	81	Gray Lava		
	81	84	Black Lava		
	84	86	Gray Lava		
	86	88	Crevice		
	88	90	Black Lava		
	90	94	Cinders		
	94	102	Black Lava		X
	102	104	Crevice - no Returns	X	
	104	111	Soft Broken	X	
	111	115	Med Hard		
	115	116	Crevice		
	116	120	Med Hard - Broken		
	120	121	Crevice		
	121	128	Soft Broken		
	128	130	Hard		

Completed Depth 130 (Measurable)
 Date: Started 9-5-95 Completed 9-5-95

13. DRILLER'S CERTIFICATION

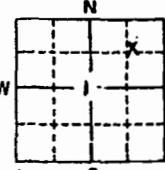
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Eaton Drilling Firm No. 826
 Firm Official [Signature] Date 9-25-95
 and
 Supervisor or Operator Michael Y. Hood Date 9-25-95
 (Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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.

<p>1. WELL OWNER Chen-Northern (Boise) for: Name <u>McCarter, Tuller, Chronic, Inc.</u> Address <u>707 N. 27th St., Boise, ID 83702</u> Drilling Permit No. <u>36-91-Z-001-007</u> Water Right Permit No. <u>N/A</u></p>	<p>7. WATER LEVEL Static water level <u>178.5</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>cold</u> °F. Quality _____ <i>Describe artesian or temperature zones below.</i></p>																																																										
<p>2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Beller <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">N/A</td> <td></td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped		N/A																																																					
Discharge G.P.M.	Pumping Level	Hours Pumped																																																									
	N/A																																																										
<p>3. PROPOSED USE <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input checked="" type="checkbox"/> Other <u>monitoring</u> (specify type)</p>	<p>9. LITHOLOGIC LOG 075825</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>0.5</td> <td>Topsoil</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>0.5</td> <td>2.4</td> <td>Silty to Clayey SAND</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>2.4</td> <td>64</td> <td>BASALT, dark grey</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>64</td> <td>83</td> <td>BASALT, dark brown</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>83</td> <td>108</td> <td>BASALT, brown, weathered</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>108</td> <td>181</td> <td>BASALT, dark grey</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>181</td> <td>195</td> <td>Silty GRAVEL with Sand</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>195</td> <td>250</td> <td>Silty SAND with Gravel</td> <td></td> <td>x</td> </tr> </tbody> </table> <p style="text-align: center;">(CNI Well No. MW-4D)</p>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	0.5	Topsoil		x	8"	0.5	2.4	Silty to Clayey SAND		x	8"	2.4	64	BASALT, dark grey		x	8"	64	83	BASALT, dark brown		x	8"	83	108	BASALT, brown, weathered		x	8"	108	181	BASALT, dark grey		x	8"	181	195	Silty GRAVEL with Sand		x	8"	195	250	Silty SAND with Gravel		x
Bore Diam.	Depth		Material	Water																																																							
	From	To		Yes	No																																																						
8"	0	0.5	Topsoil		x																																																						
8"	0.5	2.4	Silty to Clayey SAND		x																																																						
8"	2.4	64	BASALT, dark grey		x																																																						
8"	64	83	BASALT, dark brown		x																																																						
8"	83	108	BASALT, brown, weathered		x																																																						
8"	108	181	BASALT, dark grey		x																																																						
8"	181	195	Silty GRAVEL with Sand		x																																																						
8"	195	250	Silty SAND with Gravel		x																																																						
<p>4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <p>RECEIVED</p> <p>MAY 22 1991</p> <p>Department of Water Resources Southern Region Office</p> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RECEIVED</p> <p>MAY 8 1991</p> <p>Department of Water Resources</p> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RECEIVED</p> <p>MAY 20 1991</p> <p>NORTHERN REGION IDWR</p> </div>																																																										
<p>5. WELL CONSTRUCTION Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC</u> Thickness _____ Diameter _____ From _____ To _____ _____ inches <u>4"</u> _____ inches <u>+ 0.91</u> feet <u>207.5</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet</p> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation _____ inches by _____ inches</p> <p>Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer's name <u>Aardvark</u> Type <u>4" PVC</u> Model No. _____ Diameter <u>4"</u> Slot size <u>.02"</u> Set from <u>182.4</u> feet to <u>201.8</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Size of gravel <u>-1/4"</u> Placed from <u>168</u> feet to <u>207.5</u> feet Surface seal depth <u>168</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth Method of joining casing: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld _____ <input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>6" steel monument with padlock</u></p>	<p>10. Work started <u>3-29-91</u> finished <u>4-2-91</u></p>																																																										
<p>6. LOCATION OF WELL Sketch map location <u>must</u> agree with written description  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Gooding</u> NE ¼ NE ¼ Sec. <u>1</u> T. <u>9</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>14</u> E <input type="checkbox"/> W <input type="checkbox"/></p>	<p>11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Chen-Northern</u> Firm No. <u>459</u> Address <u>PO Box 7777, Boise</u> Date <u>4-10-91</u> Signed by (Firm Official) <u>Steven A. Mackey</u> and <u>Jud Walk</u> (Operator)</p>																																																										

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 Chen-Northern (Boise) for:
Name McCarter, Tuller, Chronic, Inc.
Address 707 N. 27th St. Boise, ID 83702
Drilling Permit No. 36-91-2-001-003
Water Right Permit No. N/A

7. WATER LEVEL
Static water level 194.6 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.f.
Controlled by: Valve Cap Plug
Temperature cold of. Quality _____
Describe artesian or temperature zones below.

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

8. WELL TEST DATA
 Pump Baller Air Other _____
Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____
N/A

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other monitoring (specify type)

9. LITHOLOGIC LOG 075821

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	0.5	Topsoil		x
8"	0.5	1.5	Clayey SAND		x
8"	1.5	6.0	Silty to Clayey SAND		x
8"	6.0	67.2	BASALT, dark grey		x
8"	67.2	105	BASALT, brown, weathered	x	
8"	105	124	BASALT, grey brown		x
8"	124	133	BASALT, grey		x
8"	133	138	BASALT, brown		x
8"	138	185	BASALT, dark grey to black	x	
8"	185	245	Silty GRAVEL with Sand		x
8"	245	263	Silty SAND with Gravel		x
8"	263	320	SANDSTONE		x
8"	320	400	Silty SAND with Gravel		x

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other PVC
Thickness _____ Diameter _____ From _____ To _____
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's name Aardvark
Type 4" PVC Model No. _____
Diameter 4" Slot size 0.2" Set from 229.9 feet to 249.3 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel 1/4"
Placed from 190 feet to 400 feet
Surface seal depth 190 Material used in seal: Cement grout
 Bentonite Puddling 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 6" steel monument with padlock

(CNI Well No. MW-2)

RECEIVED
MAY 8 1991
Department of Water Resources

RECEIVED
MAY 20 1991
NORTHERN REGION
IDWR

RECEIVED
MAY 29 1991
Department of Water Resources
Southern Region Office

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County Gooding
NE 1/4 NE 1/4 Sec. 1 T. 9 S. 14 R. 14 W. 1

10. Work started 3-19-91 finished 3-25-91

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Chen-Northern Firm No. 459
Address PO Box 7777, Boise Date 4-10-91
Signed by (Firm Official) Steven A. Parker
and Paul Walker
(Operator)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

RECEIVED
JUL 7 1982

47

Department of Water Resources
Southern District Office

1. WELL OWNER
Name West End Vet Clinic
Address Buhl
Owner's Permit No. _____

7. WATER LEVEL
Static water level 29 feet below land surface
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature _____ OF. Quality _____

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning) _____

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

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

9. LITHOLOGIC LOG 080937

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	6	top soil		✓
6"	6	19	Gray lava		✓
6"	19	36	" "		✓
6"	36	38	Red lava		✓
6"	38	46	Gray lava		✓
6"	46	80	Red lava		✓
6"	80	102	Gray lava		✓
6"	102	125	Red lava		✓

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation _____ inches by _____ inches
Number _____ perforations From _____ feet To _____ feet
Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 19 Material used in seal: Cement grout Well cuttings
 Slurry pit Temp. surface casing Overbore to seal depth
Method of joining casing: Threaded Welded Solvent Weld
 Cemented between strata
Describe access port _____

6. LOCATION OF WELL
Sketch map location must agree with written location.
N
W | | E
S
County TWIN Falls
NE 1/4 NE 1/4 Sec. 1 T. 9 N. R. 14 E.

10. Work started May 20 finished May 24, 1982

11. DRILLERS CERTIFICATION 20
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name C B Eaton Firm No. 24
Address Wendell Date 6-29-82
Signed by (Firm Official) James Eaton
and Don Brown
(Operator)

48

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.

<p>1. WELL OWNER Chen-Northern (Boise) for: Name <u>McCarter, Tuller, Chronic, Inc.</u> Address <u>707 N. 27th St., Boise, ID 83702</u> Drilling Permit No. <u>36-91-Z-001-002</u> Water Right Permit No. <u>N/A</u></p>	<p>7. WATER LEVEL Static water level <u>87.6</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>cold</u> Quality _____ <i>Describe artesian or temperature zones below.</i></p>																																		
<p>2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">N/A</td> <td></td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped		N/A																													
Discharge G.P.M.	Pumping Level	Hours Pumped																																	
	N/A																																		
<p>3. PROPOSED USE <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input checked="" type="checkbox"/> Other <u>monitoring</u> (specify type)</p>	<p>9. LITHOLOGIC LOG 075820</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>3</td> <td>Silty SAND</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>3</td> <td>69.1</td> <td>BASALT, dark grey</td> <td></td> <td>x</td> </tr> <tr> <td>8"</td> <td>69.1</td> <td>105</td> <td>BASALT, brown, severely weathered</td> <td>x</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">(CNI Well No. MW-18)</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	3	Silty SAND		x	8"	3	69.1	BASALT, dark grey		x	8"	69.1	105	BASALT, brown, severely weathered	x		(CNI Well No. MW-18)					
Bore Diam.	Depth		Material	Water																															
	From	To		Yes	No																														
8"	0	3	Silty SAND		x																														
8"	3	69.1	BASALT, dark grey		x																														
8"	69.1	105	BASALT, brown, severely weathered	x																															
(CNI Well No. MW-18)																																			
<p>4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-weight: bold;">MAY 8 1991</div> <div style="text-align: center; font-size: 0.8em;">Department of Water Resources</div>																																		
<p>5. WELL CONSTRUCTION Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC</u> Thickness _____ Diameter _____ From _____ To _____ _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer's name <u>Aardvark</u> Type <u>4" PVC</u> Model No. _____ Diameter <u>4"</u> Slot size <u>.025</u> Set from <u>80</u> feet to <u>100</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Size of gravel <u>1/4"</u> Placed from <u>60</u> feet to <u>105</u> feet Surface seal depth <u>60'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth Method of joining casing: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld _____ <input type="checkbox"/> Cemented between strata Describe access port <u>6" steel monument with padlock</u></p>	<div style="text-align: center; font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px;">RECEIVED</div> <div style="text-align: center; font-weight: bold;">MAY 22 1991</div> <div style="text-align: center; font-size: 0.8em;">Department of Water Resources Southern Region Office</div>																																		
<p>6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location.</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; text-align: center;"> <tr><td>N</td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td>X</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td></td></tr> </table> <p>Subdivision Name _____ Lot No. _____ Block No. <u>05</u> MAY 05 1992</p> <p>County <u>Cooding</u></p> <p>SE ¼ NE ¼ Sec. <u>1</u>, T. <u>9</u> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R. <u>14</u> W <input type="checkbox"/></p>	N				W		X	E																	S				<p>10. Work started <u>3-26-91</u> finished <u>3-27-91</u></p> <p>11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Chen-Northern</u> Firm No. <u>459</u> Address <u>PO Box 7777, Boise</u> Date <u>4-10-91</u> Signed by (Firm Official) <u>Steve H. Mackey</u> and (Operator) <u>Paul Walker</u></p>						
N																																			
W		X	E																																
S																																			

C

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

49

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 Chen-Northern (Boise) for:
Name McCarter, Tuller, Chronic, Inc.
Address 707 N. 27th St., Boise, ID 83702
Drilling Permit No. 36-91-Z-001-001
Water Right Permit No. N/A

7. WATER LEVEL
Static water level 196 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature old of. Quality _____
Describe artesian or temperature zones below.

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

8. WELL TEST DATA
 Pump Bailer Air Other _____
Discharge G.P.M. _____ Pumping Level N/A Hours Pumped _____

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other monitoring (specify type)

9. LITHOLOGIC LOG **075819**

Bore Diam.	Depth		Material	Water Yes No
	From	To		
8"	0	0.5	Topsoil	x
8"	0.5	1.5	Silty SAND	x
8"	1.5	71.3	BASALT, dark grey	x
8"	71.3	116	BASALT, brown, severely weathered	x
8"	116	137	BASALT, dark brown	x
8"	137	150	BASALT, dark grey	x
8"	150	178	BASALT, grey to brown	x
8"	178	191	BASALT, brown	x
8"	191	276	SAND and GRAVEL	x
8"	276	280	BASALT, brown	x

(CNI Well No. MW-1D)

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other PVC
Thickness _____ Diameter _____ From _____ To _____
_____ inches 4 inches + 0.95 feet 207.5 feet
_____ inches _____ inches _____ feet _____ 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's name Aardvark
Type 4" PVC Model No. _____
Diameter 4" Slot size .02" Set from 182 feet to 207 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel -1/4"
Placed from 164 feet to 207 feet
Surface seal depth 164 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 6" steel monument with padlock

6. LOCATION OF WELL
Sketch map location must agree with written description
Subdivision No. _____
Lot No. _____ Block No. _____
County Gooding
SE NE Sec. 1, T. 9 N S R. 14 W

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Chen-Northern Firm No. 459
Address PO Box 7777, Boise Date 4-10-91
Signed by (Firm Official) Steven A. Nelson
and Lud Walk
(Operator)

RECEIVED
MAY 8 1991
Department of Water Resources

RECEIVED
MAY 20 1991
NORTHERN REGION
DWR

RECEIVED
MAY 22 1991

10. Department of Water Resources
Work started 3-25-91 Southern Region Office

MICROFILMED
MAY 05 1992

Basin 47
App 867737
Per 770475

JP 342426

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

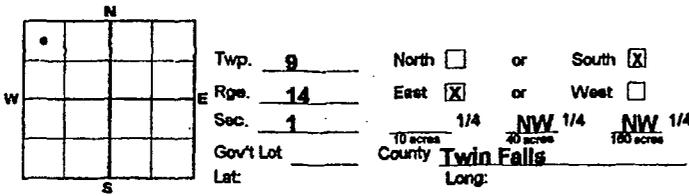
50

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

1. WELL TAG NO. D0016518
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Jim Holley
Address 4098 N. 1400 E.
City Ruhl State ID Zip 83316

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.



Address of Well Site south of above
address- next lot
(Give at least name of road + Distance to Road or Landmark)
City Ruhl
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
Material	From To	Sacks or Pounds		
bentonite	0 19	200 lbs.		dry pour

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
6	+1	19	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1' Length of Tailpipe _____

9. PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
46 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: well cap

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. <85 Bottom hole temp. <85
Water Quality test or comments: _____
Depth first Water Encounter 55'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	8	top soil & floaters			
8	8	19	medium hard lava			
6	19	23	medium lava			
6	23	30	broken lava, Cinders & talc			
6	30	32	cinders			
6	32	40	soft lava & broken			
6	40	46	medium lava			
6	46	53	soft lava			
6	53	56	cinders & talc			X
6	56	59	soft lava & broken			
6	59	80	cinders, talc & broken			X
6	80	83	medium soft lava			
6	83	90	medium lava			
6	90	100	soft lava			
6	100	103	broken, soft lava & cinders			X

RECEIVED

SEP 24 2001

Department of Water Resources
Southern Region

OCT 9 2001

Completed Depth 103' (Measurable)
Date: Started 8/14/2001 Completed 8/14/2001

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 Eaton Drilling & pump Service, Inc. Firm No. 26
Firm Official Long Holton Date 9/6/01
and
Driller or Operator M. J. ... Date 9/6/01
(Sign once if Firm Official & Operator)
Helper John ...

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

Well ID No. _____

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

51

1. WELL TAG NO. D 0034163
 DRILLING PERMIT NO. 819236
 Water Right or Injection Well No. ID 389904

2. OWNER:
 Name Rebecca & Jeff Ashmead
 Address 1601 East 3600 South
 City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 9 North or South
 Rge. 14 East or West
 Sec. 1 1/4 NW 1/4 NW 1/4
 Gov'l Lot _____
 County Gooding
 Lat: : : Long: : :
 Address of Well Site 1601 East 3600 South
 City Wendell
(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
Bentonite	5	18	4 S	Poured

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
6"	+2	18	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	9	Topsoil		X
	9	18	Gray basalt		X
6"	18	63	Gray basalt		X
	63	84	Fractured, lost circulation		X
	84	89	Crevice		X
	89	94	Fractured basalt		X
	94	103	Cinders		X
	103	118	Basalt	X	
	118	147	Fractured basalt	X	
	147	155	Cinders	X	
			Actual bore hole diameter is 8-3/4" and 6-1/8"		

Completed Depth 155 ft. (Measurable)
 Date: Started 7-6-04 Completed 7-6-04

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 Elsing Drilling Firm No. 31
 Principal Driller Arnold Elsing Date 7-12-04
 and
 Driller or Operator II CRAIG EGAN Date 7-12-04
 Operator I Lloyd Elsing Date 7-12-04
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

52

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.

958

<p>1. WELL OWNER</p> <p>Name <u>MRS OWENS B</u></p> <p>Address <u>Buhl</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>105</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ of. Quality _____</p>																																										
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																							
Discharge G.P.M.	Pumping Level	Hours Pumped																																									
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG 86157</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes/No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>12</td> <td>top Soil</td> <td>✓</td> </tr> <tr> <td></td> <td>12</td> <td>53</td> <td>BROWN clay</td> <td>X</td> </tr> <tr> <td></td> <td>53</td> <td>106</td> <td>Gray 12-12</td> <td>X</td> </tr> <tr> <td></td> <td>106</td> <td>115</td> <td>Red 12-12</td> <td>✓</td> </tr> <tr> <td></td> <td>115</td> <td>144</td> <td>Gray 12-12</td> <td>X</td> </tr> <tr> <td></td> <td>144</td> <td>151</td> <td>Red 12-12</td> <td>+</td> </tr> <tr> <td></td> <td>151</td> <td>180</td> <td>Gray 12-12</td> <td>✓</td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water Yes/No	From	To	8	0	12	top Soil	✓		12	53	BROWN clay	X		53	106	Gray 12-12	X		106	115	Red 12-12	✓		115	144	Gray 12-12	X		144	151	Red 12-12	+		151	180	Gray 12-12	✓
Hole Diam.	Depth		Material	Water Yes/No																																							
	From	To																																									
8	0	12	top Soil	✓																																							
	12	53	BROWN clay	X																																							
	53	106	Gray 12-12	X																																							
	106	115	Red 12-12	✓																																							
	115	144	Gray 12-12	X																																							
	144	151	Red 12-12	+																																							
	151	180	Gray 12-12	✓																																							
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUN 23 1981</p> <p>DEPARTMENT OF WATER RESOURCES SANDWICH BUILDING OFFICE</p> </div> <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto; margin-top: 20px;"> <p>RECEIVED</p> <p>JUL 2 1981</p> <p>Department of Water Resources</p> </div>																																										
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="0" style="width:100%;"> <tr> <td>Thickness</td> <td>Diameter</td> <td>From</td> <td>To</td> </tr> <tr> <td><u>150</u> inches</td> <td><u>6</u> inches</td> <td>+ <u>1</u> feet</td> <td><u>50</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="0" style="width:100%;"> <tr> <td>Number</td> <td>From</td> <td>To</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>57</u> Material used in seal: <input type="checkbox"/> Cement grout <input type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p>		Thickness	Diameter	From	To	<u>150</u> inches	<u>6</u> inches	+ <u>1</u> feet	<u>50</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet										
Thickness		Diameter	From	To																																							
<u>150</u> inches	<u>6</u> inches	+ <u>1</u> feet	<u>50</u> feet																																								
_____ inches	_____ inches	_____ feet	_____ feet																																								
_____ inches	_____ inches	_____ feet	_____ feet																																								
_____ inches	_____ inches	_____ feet	_____ feet																																								
Number	From	To																																									
_____ perforations	_____ feet	_____ feet																																									
_____ perforations	_____ feet	_____ feet																																									
_____ perforations	_____ feet	_____ feet																																									
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td colspan="2" style="text-align: center;">Subdivision Name _____</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">S</td> <td colspan="2" style="text-align: center;">Lot No. _____ Block No. _____</td> </tr> </table> <p>County <u>TWIN FALLS</u></p> <p><u>SW 1/4 NW 1/4 Sec. 7, T. 9 N/S, R. 14 E/W.</u></p>	N	Subdivision Name _____		W	E	_____	S	Lot No. _____ Block No. _____		<p>10. Work started <u>Apr. 178</u> finished <u>April 28-81</u></p>																																	
N	Subdivision Name _____																																										
W	E	_____																																									
S	Lot No. _____ Block No. _____																																										
<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>C.B. FETTON</u> Firm No. <u>24</u></p> <p>Address <u>Wendell Idz</u> Date <u>6-23-81</u></p> <p>Signed by (Firm Official) <u>Jamison</u></p> <p>and <u>Eden Lough</u></p> <p>(Operator)</p>																																											

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.

<p>1. WELL OWNER</p> <p>Name <u>Clear Springs Trout Co.</u></p> <p>Address <u>P.O. Box 712 Buhl, ID 83316</u></p> <p>Drilling Permit No. <u>36-92-S-013</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>42</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p> <p><i>Describe artesian or temperature zones below.</i></p>																																																																													
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																										
Discharge G.P.M.	Pumping Level	Hours Pumped																																																																												
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG 023418</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td rowspan="3">8"</td> <td>0</td> <td>18</td> <td>Sand & Gravel</td> <td></td> <td>x</td> </tr> <tr> <td>18</td> <td>30</td> <td>Broken lava</td> <td>x</td> <td></td> </tr> <tr> <td>30</td> <td>40</td> <td>Lava</td> <td></td> <td>x</td> </tr> <tr> <td rowspan="10">6"</td> <td>40</td> <td>50</td> <td>Lava</td> <td></td> <td>x</td> </tr> <tr> <td>50</td> <td>54</td> <td>Red cinders & clay</td> <td>x</td> <td></td> </tr> <tr> <td>54</td> <td>60</td> <td>Gravel & clay</td> <td>x</td> <td></td> </tr> <tr> <td>60</td> <td>70</td> <td>Brown & white clay</td> <td>x</td> <td></td> </tr> <tr> <td>70</td> <td>78</td> <td>Gravel & clay</td> <td>x</td> <td></td> </tr> <tr> <td>78</td> <td>85</td> <td>Gray clay</td> <td></td> <td>x</td> </tr> <tr> <td>85</td> <td>97</td> <td>Cinders and gravel</td> <td>x</td> <td></td> </tr> <tr> <td>97</td> <td>102</td> <td>Gray clay & cinders</td> <td>x</td> <td></td> </tr> <tr> <td>102</td> <td>135</td> <td>Gray clay</td> <td></td> <td>x</td> </tr> <tr> <td>135</td> <td>140</td> <td>Sand</td> <td>x</td> <td></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	18	Sand & Gravel		x	18	30	Broken lava	x		30	40	Lava		x	6"	40	50	Lava		x	50	54	Red cinders & clay	x		54	60	Gravel & clay	x		60	70	Brown & white clay	x		70	78	Gravel & clay	x		78	85	Gray clay		x	85	97	Cinders and gravel	x		97	102	Gray clay & cinders	x		102	135	Gray clay		x	135	140	Sand	x	
Bore Diam.	Depth		Material	Water																																																																										
	From	To		Yes	No																																																																									
8"	0	18	Sand & Gravel		x																																																																									
	18	30	Broken lava	x																																																																										
	30	40	Lava		x																																																																									
6"	40	50	Lava		x																																																																									
	50	54	Red cinders & clay	x																																																																										
	54	60	Gravel & clay	x																																																																										
	60	70	Brown & white clay	x																																																																										
	70	78	Gravel & clay	x																																																																										
	78	85	Gray clay		x																																																																									
	85	97	Cinders and gravel	x																																																																										
	97	102	Gray clay & cinders	x																																																																										
	102	135	Gray clay		x																																																																									
	135	140	Sand	x																																																																										
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <p>RECEIVED</p> <p>JAN 27 1992</p> <p>Department of Water Resources</p> <p>Southern Region Office</p> </div>																																																																													
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6-5/8</u> inches</td> <td><u>1</u> feet</td> <td><u>41</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>41</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>Well Cap</u></p>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6-5/8</u> inches	<u>1</u> feet	<u>41</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	<p>10.</p> <p>Work started <u>1-22-92</u>; finished <u>1-22-92</u></p>																																													
Thickness	Diameter	From	To																																																																											
<u>.250</u> inches	<u>6-5/8</u> inches	<u>1</u> feet	<u>41</u> feet																																																																											
_____ inches	_____ inches	_____ feet	_____ feet																																																																											
_____ inches	_____ inches	_____ feet	_____ feet																																																																											
_____ inches	_____ inches	_____ feet	_____ feet																																																																											
Number	From	To																																																																												
_____ perforations	_____ feet	_____ feet																																																																												
_____ perforations	_____ feet	_____ feet																																																																												
_____ perforations	_____ feet	_____ feet																																																																												
<p>6. LOCATION OF WELL</p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px dashed black; padding: 5px; margin-right: 10px;"> <p style="text-align: center;">N</p> <table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td style="text-align: center;"> </td><td style="text-align: center;">X</td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">1</td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;">S</td><td style="text-align: center;"> </td></tr> </table> </div> <div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>Gooding</u></p> <p><u>nw</u> ¼ <u>ne</u> ¼ Sec. <u>1</u>, T. <u>9</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>14</u> E <input checked="" type="checkbox"/> W <input type="checkbox"/></p>		X		W	1	E					S		<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Elsing Drilling</u> Firm No. <u>31</u></p> <p><u>P.O. Box 919</u></p> <p>Address <u>Twin Falls, ID 83301</u> Date <u>1-23-92</u></p> <p>Signed by (Firm Official) <u>Arnold Elsing</u></p> <p style="text-align: center;">and</p> <p>(Operator) <u>Mark Libal</u></p>																																																																	
	X																																																																													
W	1	E																																																																												
	S																																																																													

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.

<p>1. WELL OWNER</p> <p>Name <u>Clear Springs Trout Co.</u></p> <p>Address <u>P.O. Box 712 Buhl, ID 83316</u></p> <p>Drilling Permit No. <u>36-92-S-013</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>42</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F, Quality _____</p> <p><i>Describe artesian or temperature zones below.</i></p>																																																																																			
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																
Discharge G.P.M.	Pumping Level	Hours Pumped																																																																																		
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG 023418</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td rowspan="2">8"</td> <td>0</td> <td>18</td> <td>Sand & Gravel</td> <td> </td> <td>x</td> </tr> <tr> <td>18</td> <td>30</td> <td>Broken lava</td> <td>x</td> <td> </td> </tr> <tr> <td rowspan="2">6"</td> <td>30</td> <td>40</td> <td>Lava</td> <td> </td> <td>x</td> </tr> <tr> <td>40</td> <td>50</td> <td>Lava</td> <td> </td> <td>x</td> </tr> <tr> <td rowspan="10">8"</td> <td>50</td> <td>54</td> <td>Red cinders & clay</td> <td>x</td> <td> </td> </tr> <tr> <td>54</td> <td>60</td> <td>Gravel & clay</td> <td> </td> <td>x</td> </tr> <tr> <td>60</td> <td>70</td> <td>Brown & white clay</td> <td>x</td> <td> </td> </tr> <tr> <td>70</td> <td>78</td> <td>Gravel & clay</td> <td>x</td> <td> </td> </tr> <tr> <td>78</td> <td>85</td> <td>Gray clay</td> <td> </td> <td>x</td> </tr> <tr> <td>85</td> <td>97</td> <td>Cinders and gravel</td> <td>x</td> <td> </td> </tr> <tr> <td>97</td> <td>102</td> <td>Gray clay & cinders</td> <td>x</td> <td> </td> </tr> <tr> <td>102</td> <td>135</td> <td>Gray clay</td> <td> </td> <td>x</td> </tr> <tr> <td>135</td> <td>140</td> <td>Sand</td> <td>x</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	18	Sand & Gravel		x	18	30	Broken lava	x		6"	30	40	Lava		x	40	50	Lava		x	8"	50	54	Red cinders & clay	x		54	60	Gravel & clay		x	60	70	Brown & white clay	x		70	78	Gravel & clay	x		78	85	Gray clay		x	85	97	Cinders and gravel	x		97	102	Gray clay & cinders	x		102	135	Gray clay		x	135	140	Sand	x						
Bore Diam.	Depth		Material	Water																																																																																
	From	To		Yes	No																																																																															
8"	0	18	Sand & Gravel		x																																																																															
	18	30	Broken lava	x																																																																																
6"	30	40	Lava		x																																																																															
	40	50	Lava		x																																																																															
8"	50	54	Red cinders & clay	x																																																																																
	54	60	Gravel & clay		x																																																																															
	60	70	Brown & white clay	x																																																																																
	70	78	Gravel & clay	x																																																																																
	78	85	Gray clay		x																																																																															
	85	97	Cinders and gravel	x																																																																																
	97	102	Gray clay & cinders	x																																																																																
	102	135	Gray clay		x																																																																															
	135	140	Sand	x																																																																																
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>RECEIVED</p> <p>JAN 27 1992</p> <p>Department of Water Resources</p> <p>Southern Region Office</p> </div>																																																																																			
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6-5/8</u> inches</td> <td><u>1</u> feet</td> <td><u>41</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>41</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p style="text-align: center;">Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>Well Cap</u></p>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6-5/8</u> inches	<u>1</u> feet	<u>41</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	<p>10.</p> <p>Work started <u>1-22-92</u>; finished <u>1-22-92</u></p>																																																			
Thickness	Diameter	From	To																																																																																	
<u>.250</u> inches	<u>6-5/8</u> inches	<u>1</u> feet	<u>41</u> feet																																																																																	
_____ inches	_____ inches	_____ feet	_____ feet																																																																																	
_____ inches	_____ inches	_____ feet	_____ feet																																																																																	
_____ inches	_____ inches	_____ feet	_____ feet																																																																																	
Number	From	To																																																																																		
_____ perforations	_____ feet	_____ feet																																																																																		
_____ perforations	_____ feet	_____ feet																																																																																		
_____ perforations	_____ feet	_____ feet																																																																																		
<p>6. LOCATION OF WELL</p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="text-align: center;"> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Gooding</u></p> <p><u>nw</u> <input type="checkbox"/> <u>ne</u> <input type="checkbox"/> <u>sw</u> <input type="checkbox"/> <u>se</u> <input type="checkbox"/> Sec. <u>1</u>, T. <u>9</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>14</u> W <input checked="" type="checkbox"/></p>	<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Elsing Drilling</u> Firm No. <u>31</u></p> <p>P.O. Box <u>919</u></p> <p>Address <u>Twin Falls, ID 83301</u> Date <u>1-23-92</u></p> <p>Signed by (Firm Official) <u>Arnold Elsing</u></p> <p style="text-align: center;">and</p> <p>(Operator) <u>Mark Libert</u></p>																																																																																			

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

54

56525

1. DRILLING PERMIT NO. 47-94-S-0158-000
Other IDWR No. _____

2. OWNER:
Name Jack Dietman
Address P.O. Box 22
City Sun Valley State Id Zip 83353

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N			Twp. <u>9</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>		
W			Rge. <u>14</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>		
E			Sec. <u>1</u> 1/4 <u>NE</u> 1/4 <u>SW</u> 1/4		
S			Gov't Lot _____ County <u>Twin Falls</u>		

Address of Well Site Lot 15
City Buhl
(Give at least name of road + Distance to Road or Landmark)

Lt. 15 Blk. 2 Sub. Name Clear Lakes Estates

4. PROPOSED USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK
 New Well Modify or Repair Replacement Abandonment

6. DRILL METHOD
 Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>400</u>	<u>Poured Dry Into Annular</u>

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
<u>6</u>	<u>72</u>	<u>78</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
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
36 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Sanitary Well Cap

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. -85 Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>2</u>	<u>Brown Sand</u>		
	<u>2</u>	<u>16</u>	<u>Loose Boulders to Sand</u>		
	<u>16</u>	<u>50</u>	<u>Brown Clay w/ S&G</u>		
	<u>50</u>	<u>96</u>	<u>Gravel</u>		<input checked="" type="checkbox"/>

RECEIVED
OCT 28 1994
Department of Water Resources

RECEIVED
OCT 18 1994
Department of Water Resources
Southern Region Office

MAY 08 1995

Completed Depth 80 (Measurable)
Date: Started Oct 6/94 Completed Oct 11/94

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

Firm Name Eaton Drilling Firm No. 26
Firm Official Don Nelson Date 10/18/94
and
Supervisor or Operator Bill Gentry Date Oct 18/94
(Sign once if Firm Official & Operator)

C

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

57

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 Ed South Field
Address 3308 S 1600 E Wendell
Drilling Permit No. 47 92 S 038 ✓
Water Right Permit No. _____

7. WATER LEVEL

Static water level 115 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature -85 °F. Quality _____
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 Bailor Air Other _____
Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____
84437

3. PROPOSED USE

Domestic Irrigation Monitor
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
12	0	4	Top Soil		
	4	25	Loose Boulders & Gravel		
10	25	42	Gravel		
	42	50	Loose Boulders & Gravel		
	50	60	Gravel		
8	60	68	Blk Lava		
	68	90	Gravel		
	90	100	Loose Boulders & Gravel		
	100	120	Gravel		
6	120	130	Loose Boulders & Gravel		
	130	145	Pea Gravel		

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 _____
- 2.50 inches 8 inches + 0 feet 60 feet
- 2.50 inches 6 inches 2 feet 120 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 _____

RECEIVED
JUL 22 1992
Department of Water Resources
Southern Region Office

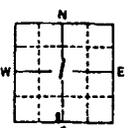
RECEIVED
AUG 12 1992
DEC 07 1992

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 18 Material used in seal: Cement grout
 Bentonite Puddling clay _____
Sealing procedure used: Slurry pit
 Temp. surface casing Overbore to seal depth
Method of joining casing: Threaded Welded
 Solvent Weld Cemented between strata

10. Department of Water Resources
Work started March 30/92 finished June 22/92

6. LOCATION OF WELL

Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County Twin Falls
SE ¼ SW ¼ Sec. 1, T. 9 S R. 14 W



11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.
Firm Name Ed South Field Firm No. 26
Address Wendell Date June 23, 92
Signed by Drilling Supervisor [Signature]
and [Signature]
(Operator) Boil [Signature]
(if different than the Drilling Supervisor)

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

RECEIVED

Use Typewriter
or
Ball Point Pen

59

OCT 15 1993

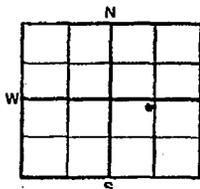
108685

1. DRILLING PERMIT NO. 47-93-S-0154-000
Other IDWR No. _____

2. OWNER:
Name Vern White / c/o Kenny Owens
Address 747 Mt. View Dr.
City Twin Falls State ID Zip 83301

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



T. 9 North or South
E. R. 14 East or West
Sec. 1 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Twin Falls

Address of Well Site 118 Country Club Dr.

(Give at least Direction + Distance to Road or Landmark)

Lot No. 2 Block No. _____ Subd. Name Country Club Estate

4. PROPOSED USE:

- Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK

- New Well Modify or Repair Replacement Abandonment

6. DRILL METHOD

- Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
Bentonite	2 50	800		Poured Into Annular Dry

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6"	2	50	250		X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	36	93	250		+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes 50' 99'

Top Packer or Headpipe 36' Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

- Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tailpipe Size	Casting	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. WELL TESTS

- Pump Other: _____

Yield gal./min.	Drawdown	Pumping Depth	Time

Temperature of water -85 Was a water analysis done? Yes No

By whom? Recommended

Water Quality (odor, etc.) no odor / some silt

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

74 ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port Sanitary Well Cap

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
6"	0	8	Top Soil		
	8	22	Large Boulders & Br. Sand		
	22	50	Gravel		
	50	80	Large Boulders & Gravel		
	80	99	Tan Sand		
	99	104	Loose Rock		
	104	120	Per. Gravel		74

RECEIVED

NOV 10 1993

Department of Water Resources

FEB 28 1994

Date: Started Oct 2/93 Completed Oct 6/93

13. DRILLER'S CERTIFICATION

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

Firm Name Enter Drilling Firm No. 26

Firm Official [Signature] Date Oct 8, 93

and Supervisor or Operator [Signature] Date Oct 7/93

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

USE TYPEWRITER BALL POINT PEN

State of Idaho Department of Water Administration WELL DRILLER'S REPORT

RECEIVED

66

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well. AUG 23 1973

1. WELL OWNER
Name: Paul Borchard
Address: Rt 2 Wendell Ida
Owner's Permit No.

7. WATER LEVEL
Static water level 73 feet below land surface
Flowing? No
Temperature
Artesian closed-in pressure
Controlled by Cap

2. NATURE OF WORK
New well
Deepened
Replacement
Abandoned

8. WELL TEST DATA
Pump
Bailer
Other
Discharge G.P.M.
Draw Down
Hours Pumped

3. PROPOSED USE
Domestic
Irrigation
Test
Municipal
Industrial
Stock

9. LITHOLOGIC LOG 40418

Table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Includes handwritten entries for top soil, hard rock, and gravel cinders.

4. METHOD DRILLED
Cable
Rotary
Dug
Other

5. WELL CONSTRUCTION
Diameter of hole 12 inches
Total depth 80 feet
Casing schedule: Steel
Thickness 2.50 inches
Diameter 12 inches
From 1 foot to 19 feet
Was a packer or seal used? No
Perforated? No
How perforated?
Size of perforation
Well screen installed? No
Manufacturer's name
Type
Diameter Slot size
Gravel packed? No
Surface seal? Yes
Material used in seal: Cement grout

6. LOCATION OF WELL
Sketch map location must agree with written location.
County: Gooding
NE 1/4 NW 1/4 Sec. 7 T. 9 N. S. R. 14 E

10. Work started July 26 finished Aug 1-73

11. DRILLER'S CERTIFICATION
This well was drilled under my supervision and this report is true to the best of my knowledge.
Driller's Firm's Name: B. B. Stovall Sons
Address: Wendell Ida
Signed By: James Stovall
Date: Aug 2-73

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

Received 11-2-72 JWA

67

1. WELL OWNER

Name Paul Barchard

Address Box 1 Wendell Ida

Owner's Permit No. _____

7. WATER LEVEL

Static water level 86 feet below land surface

Flowing? Yes No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by Valve Cap Plug

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandoning)

8. WELL TEST DATA

Pump Bailor Other

Discharge G.P.M.	Draw Down	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test

Municipal Industrial Stock

9. LITHOLOGIC LOG

40419

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	3	top soil		
8	86	105	gray sand claystone		

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 105 feet

Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>2 1/2</u> inches	<u>6</u> inches	<u>+1</u> feet	<u>105</u> feet

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

Size of perforation _____ inches by _____ inches

Number	From	To

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

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? Yes No To what depth 15 feet

Material used in seal Cement grout Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

36

County Gooding

NE 1/4 NW 1/4 Sec. 9 T. 9 N/S, R. 14 E/W

10. Work started Sept 15 finished Sept 16 7:30

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

CB Eaton & Sons Driller's or Firm's Name 26 Number

Wendell Ida Address

James Eaton Signed By Sept 16-72 Date

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0034342
DRILLING PERMIT NO. 824603
Other IDWR No. _____
2. OWNER: ID 395247
 Name Cory VanDyke
 Address 1511 E. 3600 S.
 City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

N		Twp. <u>9</u>		North <input type="checkbox"/>	or	South <input checked="" type="checkbox"/>
W	E	Rge. <u>14</u>	East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>	
		Sec. <u>2</u>	_____ 1/4	<u>NW</u> 1/4	_____ 1/4	<u>NW</u> 1/4
		Gov't Lot _____	County <u>Gooding</u>	Lat: _____	Long: _____	
S		Address of Well Site <u>1511 E. 3600 S.</u>		City <u>Wendell</u>		

(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
Material	From To	From To	Sacks or Pounds	
bentonite	0 19	0 19	400 lbs	dry pour

Was drive shoe used? Y N Shoe Depth(s) 110
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	110	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 2' Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: well cap

11. WELL TESTS:

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. <85 Bottom hole temp. <85
 Water Quality test or comments: _____
 Depth first Water Encounter 90

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	2	top soil			
8	2	18	medium hard lava			
8	18	25	medium lava			
8	25	34	medium fractured lava			
8	34	45	medium soft lava			
8	45	90	medium lava & breaks			
8	90	110	cinders			X
6	110	120	medium soft lava & clay			X
6	120	125	medium lava			
6	125	138	soft lava			X
6	138	143	soft lava & cinders			X

C/A

RECEIVED

OCT 15 2004

Department of Water Resources
Southern Region

Completed Depth 143' (Measurable)
 Date: Started 9/24/2004 Completed 9/24/2004

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 Eaton Drilling & pump Service, Inc. Firm No. 26
 Firm Official [Signature] Date 9/24/2004
 and
 Driller or Operator [Signature] Date 9/24/2004
 (Sign once if Firm Official & Operator)

App 885045

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0034342
 DRILLING PERMIT NO. 824603
 Other IDWR No. _____

2. OWNER:
 Name Cory VanDyke
 Address 1511 E. 3600 S.
 City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

N		Twp. <u>9</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>	
E		Rge. <u>14</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>2</u> 1/4 1/4 NW 1/4 NW 1/4	
W		Gov't Lot _____ County <u>Gooding</u> Long: _____	
		Address of Well Site <u>1511 E. 3600 S.</u>	
		City <u>Wendell</u>	
(Give at least name of road + Distance to Road or Landmark)			
Lt. _____	Bk. _____	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 deepen

6. DRILL METHOD:
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES:

Seal/Filter Pack		AMOUNT		METHOD
Material	From To	Backs or Pounds		
bentonite	0 19	400 lbs		dry pour

Was drive shoe used? Y N Shoe Depth(s) 110
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2 110	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 2' Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

Perforations Method touch
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	110	1	100	1/4	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

<input type="checkbox"/> Pump	<input type="checkbox"/> Baller	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
no returns			

Water Temp. <85 Bottom hole temp. <85
 Water Quality test or comments: _____
 Depth first Water Encounter 90

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8	0	2	top soil		
8	2	18	medium hard lava		
8	18	25	medium lava		
8	25	34	medium fractured lava		
8	34	45	medium soft lava		
8	45	90	medium lava & breaks		
8	90	110	cinders	X	
6	110	120	medium soft lava & clay	X	
6	120	125	medium lava		
6	125	139	soft lava	X	
6	138	143	soft lava & cinders	X	
6	144	159	medium hard lava		
6	159	161	brakes & brown clay		
6	161		medium hard black lava & brown silt		
6	180	183	soft broken lava		
6	183	185	brown sand		

RECEIVED
 SEP 14 2005
 Department of Water Resources
 Southern Region

Completed Depth 185 (Measurable)
 Date: Started 9/24/2004 Completed 7/11/2005

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 Eaton Drilling & pump Service, Inc. Firm No. 26
 Firm Official [Signature] Date 9/13/2005
 and
 Driller or Operator [Signature] Date 9/13/2005
 (Sign once if Firm Official & Operator)

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

68258

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

1. DRILLING PERMIT NO. 36 - 97 - S - 0009 - 000
 Other IDWR No. _____

2. OWNER:
 Name Idaho Trout Processors Co.
 Address P.O. Box 72
 City Buhl, State ID Zip 83316

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N					
S					

Twp. 9 North or South
 Rge. 14 East or West
 Sec. 2 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County Gooding
 Lat: : : Long: : :

Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark)

City _____
 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	
Bentonite	0	53	21 S Poured
Overbore to seal depth			

Was drive shoe used? Y N Shoe Depth(s) 255 ft.

Was drive shoe seal tested? Y N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	53	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	35	255	.250	Steel	<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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

- Pump Baller Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	Topsoil		X
	2	6	Broken lava	X	
	6	53	Solid gray lava		X
8	53	215	Fine brown sand		X
	215	253	Gray sand & some clay		X
	253	255	Sandstone, broken	X	
6	255	260	Sandstone, broken	X	

RECEIVED
 MAY 27 1997
 Department of Water Resources
 Southern Region

RECEIVED
 JUN 25 1997

UNRECORDED
 Department of Water Resources
 JUN 14 1997

Completed Depth 260 ft. (Measurable)
 Date Started 5-7-97 Completed 5-9-97

13. DRILLER'S CERTIFICATION

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

Firm Name Elsing Drilling Firm No. 31

Firm Official Arnold Elsing Date 5-14-97

and Supervisor or Operator Lloyd Reynolds Date 5-14-97

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

JUL 17 2006

DEPARTMENT OF WATER RESOURCES

RECEIVED

71

DEPT. OF WATER RESOURCES
SOUTHERN REGION

WELL DRILLER'S REPORT JUL 13 2006

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat : : Long : :
 Pump Bailer Air Flowing Artesian

1. WELL TAG NO. D 0022615
DRILLING PERMIT NO. 794502
Other IDWR No. Well ID - 365439

2. OWNER:
Name Clean Springs Foods, Inc
Address P.O. Box 212
City Buhl State MO Zip 63316

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 9 North or South
Rge. 14 East or West
Sec. 2 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Greene
Lat: _____ Long: _____
Address of Well Site Clemlake Rd
City Buhl

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

- Domestic Municipal Monitor Irrigation
 Thermal Injection Other Test

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	
benzoinite granules	0	30	3,300 lbs dry pour
benzoinite chips	30	60	6,000 lbs dry pour

Was drive shoe used? N Shoe Depth(s) 392 - cut off and
Was drive shoe seal tested? Y N How left in hole

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16	+1	237	.375	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	+2	240	.375	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	260	292	.375	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe 18'

9. PERFORATIONS/SCREENS

Perforations. _____ Method _____
Screens Screen Type 304 stainless steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
240	260	40		12	stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>
292	297	80		12	stainless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

104.6" ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: steel plate on top of 18" casing

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>650</u>	<u>128</u>	<u>232</u>	<u>26 Hour</u>

Water Temp. 62.2 Bottom hole temp. 66.6
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
24	0	1	gravel fill		<input checked="" type="checkbox"/>
	1	2	top soil		<input checked="" type="checkbox"/>
	2	7	soil - sandy brown		<input checked="" type="checkbox"/>
	7	12	black basalt - broken		<input checked="" type="checkbox"/>
	12	36	black basalt - fractured with blue clay		<input checked="" type="checkbox"/>
	36	51	black basalt		<input checked="" type="checkbox"/>
	51	57	brown clay - sandy		<input checked="" type="checkbox"/>
24	57	60	brown clay		<input checked="" type="checkbox"/>
16	60	81	brown clay - water in seams		<input checked="" type="checkbox"/>
	81	87	brown clay - sandy - water in seams		<input checked="" type="checkbox"/>
	87	105	gray clay		<input checked="" type="checkbox"/>
	105	109	brown clay		<input checked="" type="checkbox"/>
	109	124	brown clay with coarse sand		<input checked="" type="checkbox"/>
	124	131	brown clay		<input checked="" type="checkbox"/>
	131	149	gray clay - sandy		<input checked="" type="checkbox"/>
	149	174	gray sand - dry		<input checked="" type="checkbox"/>
	174	203	gray clay		<input checked="" type="checkbox"/>
	203	218	gray clay - thin sand lenses		<input checked="" type="checkbox"/>
	218	238	gray clay - tight & sticky		<input checked="" type="checkbox"/>
	238	245	gray clay		<input checked="" type="checkbox"/>
	245	251	black sand + gray clay layers		<input checked="" type="checkbox"/>
	251	260	pea gravel - black sand - gray clay layers		<input checked="" type="checkbox"/>
	260	275	black sandy clay + sand lenses		<input checked="" type="checkbox"/>
	275	294	gray clay - some sand streaks		<input checked="" type="checkbox"/>
	294	295	pea gravel		<input checked="" type="checkbox"/>
	295	319	gray clay		<input checked="" type="checkbox"/>
	319	326	pea gravel + gray clay layers		<input checked="" type="checkbox"/>
	326	330	fractured basalt + hard gray clay		<input checked="" type="checkbox"/>
	330	339	brown clay		<input checked="" type="checkbox"/>
	339	351	pea gravel + coarse sand - dry		<input checked="" type="checkbox"/>
	351	363	brown clay		<input checked="" type="checkbox"/>
	363	370	brown clay - sandy		<input checked="" type="checkbox"/>
16	370	399	brown clay - coarse & dry		<input checked="" type="checkbox"/>

Completed _____ Depth 400 (Measurable)
Date: Started 10-28-05 Completed 6-12-06

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 Durban Well Drilling Firm No 399

Firm Official _____ Date 7-8-06

and _____
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

12

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0050151

DRILLING PERMIT NO. 8510916

Water Right or Injection Well No. _____

2. OWNER Appl. 904091

Name Tony Farino

Address 401 W. Main

City Jerome State ID _____ Zip 83338

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 9 North or South

Rge. 14 East or West

Sec. 3 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Gooding

Lat: 42: :40.880 Long: 114: :47.519

Address of Well Site 1497 E 3600 S

City Wendell

Lot _____ 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 Replacement

6. DRILL METHOD:

Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	4 BAGS	POURED

Was drive shoe used? Y N Shoe Depth(s) 112

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 5/8	1	112	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

95 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

PLATE _____

12. WELL TESTS:

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
8	0	2	TOPSOIL	X
	2	4	CALICHE	X
	4	66	GREY BASALT	X
	66	112	FRACTURED - CINDER BEDS, LOST CIRC.	X
6	112	130	FRACTURED - CINDER BEDS, LOST CIRC	X

RECEIVED
MAY 9 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

* actual hole sizes are 8 3/4 & 6 1/8

Completed Depth 130' (Measurable)

Date: Started 4-16-08 Completed 4-16-08

14. DRILLER'S CERTIFICATION

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

Company Name Eising Drilling & Pump Co., Inc. Firm No. 669

Principal Driller [Signature] Date 4-17-08

and Driller or Operator II [Signature] Date 4-17-08

Operator I _____ Date _____

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

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On-A-Disk - (214) 348-9429 - www.FormsOnADisk.com

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>Best Montgomery</u></p> <p>Address <u>Wendell</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>79</u> feet below land surface</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Temperature _____ ° F. Quality _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p>																																								
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Draw Down	Hours Pumped																																					
Discharge G.P.M.	Draw Down	Hours Pumped																																							
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock</p>	<p>9. LITHOLOGIC LOG 039239</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>5</td> <td>Top Soil</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>4</td> <td>65</td> <td>Dry Sand</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>65</td> <td>91</td> <td>clay</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>91</td> <td>105</td> <td>Rock</td> <td> </td> <td> </td> </tr> <tr> <td>6</td> <td>105</td> <td>147</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	5	Top Soil			8	4	65	Dry Sand			8	65	91	clay			8	91	105	Rock			6	105	147			
Hole Diam.	Depth		Material	Water																																					
	From	To		Yes	No																																				
8	0	5	Top Soil																																						
8	4	65	Dry Sand																																						
8	65	91	clay																																						
8	91	105	Rock																																						
6	105	147																																							
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other</p>	<p>5. WELL CONSTRUCTION</p> <p>Diameter of hole <u>8</u> inches Total depth <u>147</u> feet</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>1.50</u> inches</td> <td><u>5</u> inches</td> <td><u>±1</u> feet</td> <td><u>125</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <p>Number _____ From _____ To _____</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>0-105</u> feet</p> <p>Material used in seal <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Pudding clay</p> <p style="text-align: center;"><u>Cement floor</u></p>	Thickness	Diameter	From	To	<u>1.50</u> inches	<u>5</u> inches	<u>±1</u> feet	<u>125</u> feet																																
Thickness	Diameter	From	To																																						
<u>1.50</u> inches	<u>5</u> inches	<u>±1</u> feet	<u>125</u> feet																																						
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> </div> <p><u>36</u> <u>47</u></p> <p>County <u>Gooding</u></p> <p><u>SW</u> x <u>SE</u> x <u>Sec. 314</u> T. <u>9</u> S. R. <u>14</u> E. <u>EA</u></p> <p><u>7</u> <u>Drill</u> <u>Gooding</u> <u>Co.</u></p>	<p>10.</p> <p>Work started <u>Oct 17</u> finished <u>Nov 10</u></p>																																								
<p>11. DRILLER'S CERTIFICATION</p> <p>This well was drilled under my supervision and this report is true to the best of my knowledge.</p> <p>Driller's or Firm's Name <u>James Eaton & Sons</u> Number <u>46</u></p> <p>Address <u>Wendell Ida</u></p> <p>Signed By <u>James Eaton</u> Date <u>Nov 12-71</u></p>																																									

USE TYPEWRITER OR BALL POINT PEN

14

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>Burt Montgomery</u></p> <p>Address <u>Wendell</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>17</u> feet below land surface</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Temperature _____ ° F. Quality _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p>																																								
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Draw Down	Hours Pumped																																					
Discharge G.P.M.	Draw Down	Hours Pumped																																							
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock</p>	<p>9. LITHOLOGIC LOG 039239</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>5</td> <td>Top Soil</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>4</td> <td>6.5</td> <td>Very Loose</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>6.5</td> <td>9.1</td> <td>Clay</td> <td> </td> <td> </td> </tr> <tr> <td>8</td> <td>9.1</td> <td>10.5</td> <td>Rock</td> <td> </td> <td> </td> </tr> <tr> <td>6</td> <td>10.5</td> <td>147</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	5	Top Soil			8	4	6.5	Very Loose			8	6.5	9.1	Clay			8	9.1	10.5	Rock			6	10.5	147			
Hole Diam.	Depth		Material	Water																																					
	From	To		Yes	No																																				
8	0	5	Top Soil																																						
8	4	6.5	Very Loose																																						
8	6.5	9.1	Clay																																						
8	9.1	10.5	Rock																																						
6	10.5	147																																							
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other</p>	<p>5. WELL CONSTRUCTION</p> <p>Diameter of hole <u>8</u> inches Total depth <u>147</u> feet</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2.50</u> inches</td> <td><u>5</u> inches</td> <td><u>+1</u> feet</td> <td><u>10.5</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>10.5</u> feet</p> <p>Material used in seal <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay</p> <p style="text-align: center;"><u>Cement floor</u></p>	Thickness	Diameter	From	To	<u>2.50</u> inches	<u>5</u> inches	<u>+1</u> feet	<u>10.5</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet				
Thickness	Diameter	From	To																																						
<u>2.50</u> inches	<u>5</u> inches	<u>+1</u> feet	<u>10.5</u> feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
_____ inches	_____ inches	_____ feet	_____ feet																																						
Number	From	To																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> </div> <p><u>36</u> <u>47</u></p> <p>County <u>Gooding</u></p> <p><u>SW 36</u> & Sec. <u>24</u> T. <u>9N</u> R. <u>14E</u> E.A.N.</p> <p><u>Gooding Co.</u></p>	<p>10.</p> <p>Work started <u>Oct 12</u> finished <u>Nov 10</u></p>																																								
<p>11. DRILLER'S CERTIFICATION</p> <p>This well was drilled under my supervision and this report is true to the best of my knowledge.</p> <p>Driller's or Firm's Name <u>James Eaton</u> Number <u>910</u></p> <p>Address <u>Wendell, Ida</u></p> <p>Drilled By <u>James Eaton</u> Date <u>Nov 13-71</u></p>																																									

36-5506

WELL LOG AND REPORT OF THE
STATE RECLAMATION ENGINEER OF IDAHO

Permit No. 9-30059 Well No. _____ County Gooding

Owner George Van Noy

Address Wendell, Idaho

Driller C. B. Eaton & Sons, Inc.

Address Wendell, Idaho

Well location 77¹/₄ 7⁵/₄ Sec. 3, T. 9 N/S, R. 14 E/X

Size of drilled hole 14"

Total depth of well 98ft

Locate well in section

NW ¹ / ₄	NE ¹ / ₄
SW ¹ / ₄	SE ¹ / ₄

Give depth to standing water from the ground 80ft Water temp. _____ °Fahr.

On "Pumping Test" delivery was 980 g.p.m. or _____ c.f.s. Drawdown was 0 feet.

Size of pump and motor used to make test Electric turbine pump

Length of time of test _____ hours _____ minutes.

If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____

If flowing well, described control works _____ (TYPE AND SIZE OF VALVE, ETC.)

Water will be used for irrigation Weight of casing per lineal foot _____

Thickness of casing 1/4 Casing material Steel (STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 98 ft of 12" (CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
12"	0	98	98	drove pipe 80' to 98' loose cinders
				8' perforated 6 per foot 1 by 6 inch size

Number and size of perforations _____ located _____ feet to _____ feet from ground

Date of commencement of well 7-10-61 Date of completion of well 7-30-61

NWNE S.3 9S 14E

56

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

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

78

1. WELL TAG NO. D 0050036

DRILLING PERMIT NO. 850192 App 903205
 Water Right or Injection Well No. _____

2. OWNER

Name James Ray Construction/Josh Barren
 Address 3520 Addison Ave E
 City Kimberly State ID _____ Zip 83341

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 9 North or South
 Rge. 14 East or West
 Sec. 10 1/4 NW 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Twin Falls
 Lat: 42: :39.415 Long: 114: :48.079
 Address of Well Site 4531 N 1250 E
 City Buhl

(Area of land owner of record - Reference to Record or Landmark)

Lt. _____ Blk. _____ Sub. Name The Bluffs @ Kanaka
Rapids

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
Bentonite	0	18	7 BAGS	POURED

Was drive shoe used? Y N Shoe Depth(s) 78'
 Was drive shoe seal tested? Y N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 5/8	2	78	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

81 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____
WELL CAP

12. WELL TESTS:

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	N
8	0	35	TAN SILTY CLAY			X
	35	66	TAN CLAY			X
	66	72	BROWN CLAY		X	
	72	78	DECOMPOSED BASALT		X	
6	78	87	DECOMPOSED BASALT		X	
	87	91	RED ASH			X
	91	100	TAN CLAY			X
	100	123	DECOMPOSED BASALT			X
	123	224	HARD GREY BASALT			X
	224	230	TAN CLAY			X
	230	237	BLACK SAND		X	

RECEIVED
 JAN 2008
 DEPT. OF WATER RESOURCES
 SOUTHERN REGION

* actual hole sizes are 8 3/4 & 6 1/8

Completed Depth 237' (Measurable)
 Date: Started 12/5/07 Completed 12/6/07

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 Elsing Drilling & Pump Co., Inc. Firm No. 669

Principal Driller [Signature] Date 12/10/07
 and
 Driller or Operator II _____ Date _____

Operator I [Signature] Date 12/10/07

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

FORWARD COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

83

1. WELL TAG NO. D 0043208
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Ed Bordanaro
Address 1305 Riverside Dr
City Buhl State ID Zip 83316

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N					
W	•	E	S		

Twp. 9 North or South
Rge. 14 East or West
Sec. 11 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County Twin Falls 20 acres 160 acres
Lat: 42:39:756 Long: 114:47:401
Address of Well Site 1305 Riverside Drive
City Buhl

(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name Kanaka Rapide

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
Material	From To	From To	Sacks or Pounds	
<u>bentonite</u>	<u>0</u> <u>19</u>		<u>200 lbs</u>	<u>dry pour</u>

Was drive shoe used? Y N Shoe Depth(s) 117
Was drive shoe seal tested? Y N How? underreamer

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1</u>	<u>116</u>	<u>.250</u>	<u>steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1' Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
66 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: wall cap

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>90+</u>			

Water Temp. <85 Bottom hole temp. <85
Water Quality test or comments: _____
Depth first Water Encounter 57

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>4</u>	<u>top soil</u>		
<u>8</u>	<u>4</u>	<u>18</u>	<u>boulders & gravel</u>		
<u>6</u>	<u>18</u>	<u>36</u>	<u>gray clay & boulders</u>		
<u>6</u>	<u>36</u>	<u>54</u>	<u>boulders & gravel</u>		
<u>6</u>	<u>54</u>	<u>57</u>	<u>red & black clinders</u>		
<u>6</u>	<u>57</u>	<u>81</u>	<u>brown decomposed granite</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>81</u>	<u>87</u>	<u>black lava</u>		
<u>6</u>	<u>87</u>	<u>96</u>	<u>black lava</u>		
<u>6</u>	<u>96</u>	<u>204</u>	<u>black lava</u>		
<u>6</u>	<u>204</u>	<u>206</u>	<u>soft lava & clay</u>		
<u>6</u>	<u>206</u>	<u>212</u>	<u>gravel</u>		<input checked="" type="checkbox"/>

RECEIVED
NOV 01 2006
DEPT. OF WATER RESOURCES
SOUTHERN REGION

Completed Depth 212 (Measurable)
Date: Started 9/8/2006 Completed 9/9/2006

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 Eaton Drilling & pump Service, Inc. Firm No. 26
Firm Official [Signature] Date 10/8/2006
and
Driller or Operator [Signature] Date 10/6/2006
(Sign once if Firm Official & Operator)

[Signature]

USE TYPEWRITER OR BALL POINT PEN

RECEIVED

84

WELL DRILLER'S REPORT

MAR 12 1973

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

Department of Water Administration Southern District Office

1. WELL OWNER
Name W.K. Miller
Address R. 4, Buhl, Idaho 83316
Owner's Permit No.

7. WATER LEVEL
Static water level 106 feet below land surface
Flowing? [] Yes [X] No G.P.M. flow
Temperature ° F. Quality
Artesian closed-in pressure p.s.i.
Controlled by [] Valve [] Cap [] Plug

2. NATURE OF WORK
[X] New well [] Deepened [] Replacement
[] Abandoned (describe method of abandoning)

8. WELL TEST DATA
[] Pump [] Bailor [] Other
Discharge G.P.M. Draw Down Hours Pumped

3. PROPOSED USE
[X] Domestic [] Irrigation [] Test
[] Municipal [] Industrial [] Stock

9. LITHOLOGIC LOG 045818

4. METHOD DRILLED
[X] Cable [] Rotary [] Dug [] Other

Lithologic log table with columns: Hole Diam., Depth (From, To), Material, Water (Yes, No). Entries include soil & shale, Rock & Gravel, Rock hard to semi hard, red changing to black, Rock, Ext. hard, black, First water at 25' feet, Rock hard to semi hard with green talc, Rock, Extra hard black with streaks of green talc, Rock, hard black.

5. WELL CONSTRUCTION
Diameter of hole 6" inches Total depth 106 feet
Casing schedule: [] Steel [] Concrete
Thickness 250 inches OD 7 inches plus 18 feet
Was a packer or seal used? [X] Yes [] No
Perforated? [] Yes [X] No
How perforated? [] Factory [] Knife [] Torch
Size of perforation inches by inches
Well screen installed? [] Yes [] No
Manufacturer's name
Type Model No.
Diameter Slot size Set from feet to feet
Gravel packed? [] Yes [X] No Size of gravel
Placed from feet to feet
Surface seal? [X] Yes [] No To what depth 18 feet
Material used in seal [X] Cement grout [] Puddling clay

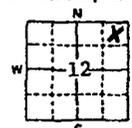
6. LOCATION OF WELL
Sketch map location must agree with written location.
County
SE 1/4 Sec. 11 T. 9 N. R. 14 E/W

10. Work started 1/26/73 finished 2/1/73

11. DRILLER'S CERTIFICATION
This well was drilled under my supervision and this report is true to the best of my knowledge.
Twin Falls Canal Co. 78
Driller's or Firm's Name Number
Address 163 2nd Ave. West
Signed By E. L. P. Green Date

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.

<p>1. WELL OWNER</p> <p>Name <u>William Miller</u></p> <p>Address <u>1558 East 4500 North Buhl, ID 83316</u></p> <p>Drilling Permit No. <u>47-93-S-0018-000</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>42</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p> <p><i>Describe artesian or temperature zones below.</i></p>																																																																						
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification</p> <p><input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																																			
Discharge G.P.M.	Pumping Level	Hours Pumped																																																																					
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG 103984</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td rowspan="2">8"</td> <td>0</td> <td>6</td> <td>Topsoil</td> <td></td> <td>x</td> </tr> <tr> <td>6</td> <td>19</td> <td>Basalt</td> <td></td> <td>x</td> </tr> <tr> <td rowspan="6">6"</td> <td>19</td> <td>60</td> <td>Basalt</td> <td></td> <td>x</td> </tr> <tr> <td>60</td> <td>65</td> <td>Broken basalt, water talc</td> <td>x</td> <td></td> </tr> <tr> <td>65</td> <td>83</td> <td>Basalt</td> <td></td> <td>x</td> </tr> <tr> <td>83</td> <td>90</td> <td>Red cinders & clay</td> <td></td> <td>x</td> </tr> <tr> <td>90</td> <td>101</td> <td>Basalt</td> <td></td> <td>x</td> </tr> <tr> <td>101</td> <td>106</td> <td>Cinders & water talc</td> <td>x</td> <td></td> </tr> <tr> <td></td> <td>106</td> <td>142</td> <td>Basalt</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>142</td> <td>149</td> <td>Cinders & green clay</td> <td>x</td> <td></td> </tr> <tr> <td></td> <td>149</td> <td>160</td> <td>Basalt</td> <td></td> <td>x</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	6	Topsoil		x	6	19	Basalt		x	6"	19	60	Basalt		x	60	65	Broken basalt, water talc	x		65	83	Basalt		x	83	90	Red cinders & clay		x	90	101	Basalt		x	101	106	Cinders & water talc	x			106	142	Basalt		x		142	149	Cinders & green clay	x			149	160	Basalt		x
Bore Diam.	Depth		Material	Water																																																																			
	From	To		Yes	No																																																																		
8"	0	6	Topsoil		x																																																																		
	6	19	Basalt		x																																																																		
6"	19	60	Basalt		x																																																																		
	60	65	Broken basalt, water talc	x																																																																			
	65	83	Basalt		x																																																																		
	83	90	Red cinders & clay		x																																																																		
	90	101	Basalt		x																																																																		
	101	106	Cinders & water talc	x																																																																			
	106	142	Basalt		x																																																																		
	142	149	Cinders & green clay	x																																																																			
	149	160	Basalt		x																																																																		
<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____ (backhoe, hydraulic, etc.)</p>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>RECEIVED</p> <p>MAR 16 1993</p> <p>Department of Water Resources Southern Region Office</p> </div>																																																																						
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <p>Thickness <u>.250</u> inches Diameter <u>6-5/8</u> inches + <u>1</u> feet <u>19</u> feet</p> <p>_____ inches _____ inches _____ feet _____ feet</p> <p>_____ inches _____ inches _____ feet _____ feet</p> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation? _____ inches by _____ inches</p> <p>Number _____ From _____ To _____</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>_____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer _____ Type _____</p> <p>Top Packer or Headpipe _____</p> <p>Bottom of Tailpipe _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>19'</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit</p> <p><input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded</p> <p><input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____ Well cap _____</p>	<p>10.</p> <p>Work started <u>3-9-93</u> finished <u>3-12-93</u></p>																																																																						
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p>  <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Twin Falls</u></p> <p>Address of Well Site _____</p> <p>(give at least name of road)</p> <p>T. <u>9</u> N <input type="checkbox"/> or S. <input checked="" type="checkbox"/></p> <p>NE <input type="checkbox"/> ¼ NE <input type="checkbox"/> ¼ Sec. <u>12</u> R. <u>14</u> E <input type="checkbox"/> or W <input type="checkbox"/></p>	<p>11. DRILLER'S CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Elsing Drilling</u> Firm No. <u>31</u></p> <p>P.O. Box <u>919</u></p> <p>Address <u>Twin Falls, ID 83303</u> Date <u>3-15-93</u></p> <p>Signed by Drilling Supervisor <u>Carol Elsing</u></p> <p>and _____</p> <p>(Operator) <u>Mark Elsing</u></p> <p>(If different than the Drilling Supervisor)</p>																																																																						

USE TYPEWRITER OR BALL POINT PEN

WELL DRILLER'S REPORT RECEIVED

86

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.

JAN 31 1976

1. WELL OWNER

Name Lee Garner

Address Ball Falls

Owner's Permit No. _____

7. WATER LEVEL

Department of Water Resources

Static water level 20 feet below land surface

Flowing? Yes No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by Valve Cap Plug

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandoning)

8. WELL TEST DATA

Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test Other (specify type)

Municipal Industrial Stock Waste Disposal or Injection

9. LITHOLOGIC LOG 105319

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
1	0	85	Brown Clay		X
	85	87	gray hard fine carbon	X	
	87	111	gray hard heavy sand	X	
	111	112	black sandstone	X	
	112	125	gray hard heavy sand	X	
	125	140	Brown clay	X	
	140	220	fine sand	X	

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 220 feet

Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>85</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ 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

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

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 85 Material used in seal Cement grout Pudding clay Well cuttings

Sealing procedure used Sherry pit Temporary surface casing Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location. 47

Subdivision Name _____

Lot No. _____ Block No. _____

County Twin Falls

NE NE 1/4 Sec. 12, T. 9 N/S, R. 14 E/W

10. Work started 3/20/76 finished 3/20/76

11. DRILLERS CERTIFICATION

Firm Name Eling Well Drilling Firm No. 31

Address P.O. Box 919 Twin Falls Date 4/14/76

Signed by (Firm Official) Arnold Eling

and Operator M. J. Glass

USE TYPEWRITER OR BALL POINT PEN

WELL DRILLER'S REPORT

RECEIVED

87

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.

JAN 31 1978

1. WELL OWNER
 Name EDNA IRISH REAL ESTATE
 Address BANK LANE
 Owner's Permit No. _____

7. WATER LEVEL
 Static water level 60 feet below ground surface
 Department of Water Resources
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA
 Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped

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

9. LITHOLOGIC LOG 0105618

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	1	TOP SOIL		X
	1	88	HARD GREY LAVA		X
	88	99	CLAY		X
	99	115	BROKEN BLACK LAVA + TALC		X
	115	120	GREY LAVA + TALC		X

4. METHOD DRILLED
 Cable Rotary Dug Other

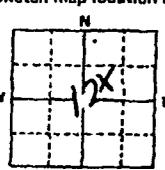
5. WELL CONSTRUCTION
 Diameter of hole 6 inches Total depth 120 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ 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
 Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

 Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 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 19' Material used in seal Cement grout
 Puddling clay Well cuttings
 Sealing procedure used Shurry pit Temporary surface casing
 Overbars to seal depth

6. LOCATION OF WELL
 Sketch map location must agree with written location. 47

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County TWIN FALLS
SW 1/4 NE 1/4 Sec. 12 T. 9 N. R. 14 W.

10. Work started 9-22-77 finished 9-23-77

11. DRILLERS CERTIFICATION
 Firm Name EISENG DRILLING Firm No. 31
 Address P.O. Box 919 Date 11/29/77
 Signed by (Firm Official) Marshall Elroy
 and (Operator) Pat Gillespie

App 895051

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

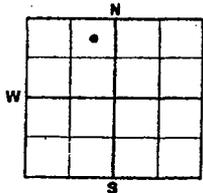
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

89

1. WELL TAG NO. D 0043034
DRILLING PERMIT NO. 840437
Other IDWR No. _____

2. OWNER:
Name John Higley
Address 2003 E 3700 N
City Preston State ID Zip 88263

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.



Twp. 9 North or South
Rge. 14 East or West
Sec. 12 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County Twin Falls
Lat: 42:39:929 Long: 114:48:040
Address of Well Site 1430 Riverview
City Buhl

(Give at least name of road + Distance to Road or Landmark)
Lt. 2 Blk. _____ Sub. Name Clear Lakes Estates

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
Material	From To	Sacks or Pounds		
bentonite	0 20	4 bags	dry pour	

Was drive shoe used? Y N Shoe Depth(s) 179'
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	178	.250	steel	<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 air perforations
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	180	1"	150	1/4	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

151 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: wall cap

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40+			

Water Temp. <85 Bottom hole temp. <85
Water Quality test or comments: _____
Depth first Water Encounter 151

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Sore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8	0	7	top soil		
8	7	81	boulders & gravel		
8	81	151	gravel & cinders		
8	151	180	gravel & cinders		X

RECEIVED
JUL 07 2006
DEPT. OF WATER RESOURCES
SOUTHERN REGION

Completed Depth 180 (Measurable)
Date: Started 6/22/2006 Completed 6/23/2006

13. DRILLER'S CERTIFICATION:

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

Company Name Eaton Drilling & pump Service, Inc. Firm No. 26

Firm Official _____ Date 6/27/2006

Driller or Operator _____ Date 6/27/2006

(Sign once if Firm Official & Operator)
Shane Stevens Helper

App 886857

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

90

1. WELL TAG NO. **D 0034661**
DRILLING PERMIT NO. 823777
Other IDWR No. _____

2. OWNER:
Name Doug Pettinger
Address 480 Woodland Ct
City Buhl State ID Zip 83316

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N							
W				E			
S							

Twp. 9 North or South
Rge. 14 East or West
Sec. 12 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County Twin Falls
Lat: _____ Long: _____
Address of Well Site 1422 River View Lane
City Buhl
(Give at least name of road + distance to Road or Landmark)
Lt _____ Bk. _____ Sub. Name Clear Lakes Estate

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
Material	From To	Sacks or Pounds		
benlonite	0 19	500 #		dry pour

Was drive shoe used? Y N Shoe Depth(s) 180
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1	179	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1 Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

Perforations Method air perforation
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	180	1	200	1/4	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20+			

Water Temp. <85 Bottom hole temp. <85
Water Quality test or comments: _____
Depth first Water Encounter 180

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8	0	2	top soil		
8	2	19	boulders and gravel		
8	19	84	boulders and gravel		
8	84	141	gravel and cinders		
8	141	180	gravel, cinders and talc		X

RECEIVED

FEB 11 2005

Department of Water Resources
Southern Region

Completed Depth 180 (Measurable)
Date: Started 1/25/2005 Completed 1/26/2005

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 Eaton Drilling & pump Service, Inc. Firm No. 26

Firm Official [Signature] Date 2/7/05

and _____
Driller or Operator [Signature] Date 2/7/05

(Sign once if Firm Official & Operator)
S. W. C. Lindstrom

USE TYPEWRITER OR BALL POINT PEN

RECEIVED

91

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 10 13 1974 days after the completion or abandonment of the well.

1. WELL OWNER
 Name Dave Erickson
 Address Bohl Idaho
 Owner's Permit No. _____

7. WATER LEVEL Department of Water Resources Southern District Office
 Static water level 82 feet below land surface
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA
 Pump Bailer Other

Discharge G.P.M.	Draw Down	Hours Pumped

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

9. LITHOLOGIC LOG 042332

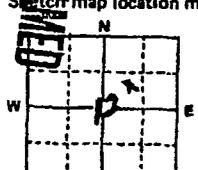
Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	5	5	Soil		
5	16	16	Gravelly sand		
16	90	90	Gravelly sand		
90	160	160	Shale to Benton Rock		

4. METHOD DRILLED
 Cable Rotary Dug Other

5. WELL CONSTRUCTION
 Diameter of hole 6 1/8 inches Total depth 160 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6 1/8</u> inches	<u>1</u> feet	<u>89</u> feet
<u>250</u> inches	<u>5</u> inches	<u>60</u> feet	<u>125</u> feet

 Was a packer or seal used? Yes No
 Perforated? Yes No
 How perforated? Factory Knife Torch
 Size of perforation _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 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 68 Material used in seal Cement grout
 Puddling clay Well cuttings
 Sealing procedure used Slurry pit Temporary surface casing
 Overbore to seal depth

6. LOCATION OF WELL
 See map location must agree with written location. 47 BH

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Twin Falls
NE 1/4 Sec. 12, T. 9 N, R. 14 E

10. Work started 4-10-74 finished 4-16-74

11. DRILLERS CERTIFICATION
 Firm Name Elroy Well Drilling Firm No. 31
 Address Box 917 Twin Falls Date 4-24-74
 Signed by (Firm Official) Donald Elroy
 and
 (Operator) David H. Hinkle

REPORT OF WELL DRILLER
State of Idaho

RECEIVED

JUN 29 1967

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

Department of Reclamation

WELL OWNER:
Name Mrs. Pennington
Address
Buhl, Idaho

Owner's Permit No.
NATURE OF WORK (check): Replacement well
New well Deepened Abandoned

Water is to be used for: domestic

METHOD OF CONSTRUCTION: Rotary Cable
Dug Other

CASING SCHEDULE: Threaded Welded
6 1/4" Diam. from 0 ft. to 6 ft.
"Diam. from ft. to ft.
"Diam. from ft. to ft.
"Diam. from ft. to ft.
Thickness of casing: .188 Material:
Steel concrete wood other

(explain)
PERFORATED? Yes No Type of perforator used:

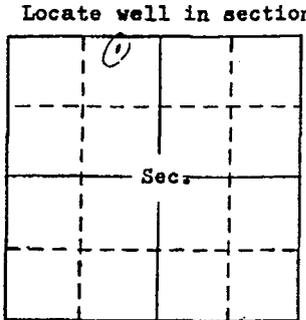
Size of perforations: " by "
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

SCREEN INSTALLED? Yes No
Manufacturer's name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes
No size of gravel Gravel placed from ft. to ft. Surface seal provided? Yes No To what depth? ft. Material used in seal:

Did any strata contain unusable water? Yes
No Type of water:
Depth of strata ft. Method of sealing strata off:

Surface casing used? Yes No
Cemented in place? Yes No



LOCATION OF WELL: County Twin Falls
* * Sec. 6 T. 9S N/S R. 16E/W

Size of drilled hole: 6" Total depth of well: 125 Standing water level below ground: 40 Temp. Fahr. ° Test delivery: gpm or cfs Pump? Bail Size of pump and motor used to make test:

Length of time of test: Hrs. Min. Drawdown: ft. Artesian pressure: ft. above land surface Give flow cfs or gpm. Shutoff pressure: Controlled by: Valve Cap Plug No control Does well leak around casing? Yes No

DEPTH MATERIAL 038651 WATER FROM TO YES OR NO

DEPTH	MATERIAL	WATER	
FEET	FEET	YES OR NO	
0	6	dirt	no
7	19	hard gray rock	
20	27	softer gray rock	
28	44	hard gray lava	yes
45	48	soft gray lava	
49	66	hard gray rock	
67	92	red rock lava	
93	98	hard gray lava	
99	106	soft red lava	
107	115	hard rock	
116	122	red hard rock	
122	125	hard red rock	

Work started: October 26, 1965
Work finished: November 4, 1965
Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.
Name: Harry A. Moore
Address: 1692 Times Avenue Twin Falls, Idaho
Signed by: Harry A. Moore
License No. 8 Date: November 4, 1965

USGS

Use other side for additional remarks

REPORT OF WELL DRILLER
State of Idaho

RECEIVED

State law requires that this report shall be filed with the State Reclamation
engineer within 30 days after completion or abandonment of the well.

WELL OWNER:
Name Andy Anderson
Address _____

Buhl, Idaho
Owner's Permit No. _____

NATURE OF WORK (check): Replacement well
New well Deepened Abandoned
Water is to be used for: domestic

METHOD OF CONSTRUCTION: Rotary Cable
Dug Other _____

(explain)
CASING SCHEDULE: Threaded _____ Welded
6 1/4 "Diam. from 0 ft. to 6 ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
Thickness of casing: .188 Material:
Steel concrete wood other

(explain)
PERFORATED? Yes No Type of
perforator used: _____

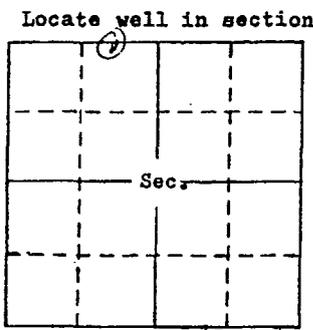
Size of perforations: _____ " by _____ "
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

IS SCREEN INSTALLED? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes
No size of gravel _____ Gravel
placed from _____ ft. to _____ ft. Surface seal
provided? Yes No To what depth?
_____ ft. Material used in seal: _____

Did any strata contain unusable water? Yes
No Type of water: _____
Depth of strata _____ ft. Method of sealing
strata off: _____

Surface casing used? Yes No
Cemented in place? Yes No



LOCATION OF WELL: County Twin Falls
NW 1/4 Sec. 6 T. 9S N/S R. 15E E/W

Size of drilled hole: 6" Total
depth of well: 150 Standing water
level below ground: 40 Temp. _____
Fahr. _____ Test delivery: _____ gpm
or _____ cfs Pump? Bail
Size of pump and motor used to make test: _____

Length of time of test: _____ Hrs. _____ Min.
Drawdown: _____ ft. Artesian pressure: ft.
above land surface _____ Give flow _____ cfs
or _____ gpm. Shutoff pressure: _____
Controlled by: Valve Cap Plug
No control Does well leak around casing?
Yes No

DEPTH MATERIAL 03865 WATER
FROM TO FEET OR NO

DEPTH	MATERIAL	FEET	OR NO
0	dirt	3	no
4	red rock	21	
22	hard red rock	28	
29	hard gray rock	36	
37	red rock	44	yes
45	red soft rock	59	
60	dark softer rock	69	
70	hard gray rock	86	
87	softer gray rock	94	
95	red rock	126	
127	gray hard rock	144	
145	softer gray rock	150	

Work started: October 10, 1965
Work finished: October 20, 1965
Well Driller's Statement: This well was
drilled under my supervision and this report
is true to the best of my knowledge.
Name: HARRY A. MOORE
Address: 1692 Kimes Avenue Twin Falls, Idaho
Signed by: Harry A Moore
License No. _____ Date: October 20, 1965

Use other side for additional remarks. **UOAS**

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 Chen-Northern (Boise) for:
Name McCarter, Tuller, Chronic, Inc.
Address 707 N. 27th St. Boise, ID 83702
Drilling Permit No. 36-91-Z-001-004
Water Right Permit No. N/A

7. WATER LEVEL
Static water level 185.0 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature cold Quality _____
Describe artesian or temperature zones below.

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

8. WELL TEST DATA
 Pump Baller Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
	N/A	

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other monitoring (specify type)

9. LITHOLOGIC LOG **075822**

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	2.0	Silty SAND		x
8"	2.0	91.6	BASALT, dark grey		x
8"	91.6	135	BASALT, brown to grey weathered		x
8"	135	158	BASALT, brown to grey		
8"	158	163	BASALT, dark grey		
8"	163	168	BASALT, brown		
8"	168	204	BASALT, brown and black		x
8"	204	220	SANDSTONE		x

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other PVC
Thickness _____ Diameter _____ From _____ To _____
Inches 4 inches + 0.96 feet 218 feet
Inches _____ inches _____ feet _____ 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's name Aardvark
Type 4" PVC Model No. _____
Diameter 4" Slot size .028 Set from 192.9 feet to 212.3 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel 1/4"
Placed from 173 feet to 218 feet
Surface seal depth 173 Material used in seal: Cement grout
 Bentonite Puddling 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 6" steel monument with padlock

RECEIVED
MAY 8 1991
Department of Water Resources
RECEIVED
MAY 20 1991
RECEIVED
MAY 22 1991
Department of Water Resources
Southern Region Office

6. LOCATION OF WELL
Sketch map location must agree with written location
Subdivision Name _____
Lot No. _____ Block No. _____
County Gooding
NW NE SW SE Sec. 6 T. 9 N S R. 15 W

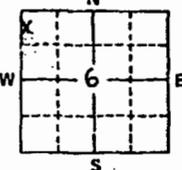
10. Work started 4-3-91 finished 4-4-91

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Chen-Northern Firm No. 459
Address PO Box 7777, Boise Date 4-10-91
Signed by (Firm Official) Steven A. Pashley
and
(Operator) Paul Walker

MICROFILMED
MAY 05 1992

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.

<p>1. WELL OWNER Chen-Northern (Boise) for: Name <u>McCarter, Tuller, Chronic, Inc.</u> Address <u>707 N. 27th St., Boise, ID 83702</u> Drilling Permit No. <u>36-91-Z-001-005</u> Water Right Permit No. <u>N/A</u></p>	<p>7. WATER LEVEL Static water level <u>89.5</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>cold</u>. Quality _____ <i>Describe artesian or temperature zones below.</i></p>																																								
<p>2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Discharge G.P.M.</th> <th style="width:33%;">Pumping Level</th> <th style="width:33%;">Hours Pumped</th> </tr> <tr> <td></td> <td style="text-align: center;">N/A</td> <td></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped		N/A																																			
Discharge G.P.M.	Pumping Level	Hours Pumped																																							
	N/A																																								
<p>3. PROPOSED USE <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input checked="" type="checkbox"/> Other <u>monitoring</u> (specify type)</p>	<p>9. LITHOLOGIC LOG 075823</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>0.5</td> <td>Topsoil</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>8"</td> <td>0.5</td> <td>1.7</td> <td>Silty SAND</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>8"</td> <td>1.7</td> <td>62.9</td> <td>BASALT, dark grey</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>8"</td> <td>62.9</td> <td>95</td> <td>BASALT, grey to brown</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>8"</td> <td>95</td> <td>115</td> <td>BASALT, brown, severely weathered</td> <td></td> <td style="text-align: center;">x</td> </tr> </tbody> </table> <p style="text-align: center;">(CNI Well No. MW-3S)</p>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	0.5	Topsoil		x	8"	0.5	1.7	Silty SAND		x	8"	1.7	62.9	BASALT, dark grey		x	8"	62.9	95	BASALT, grey to brown		x	8"	95	115	BASALT, brown, severely weathered		x
Bore Diam.	Depth		Material	Water																																					
	From	To		Yes	No																																				
8"	0	0.5	Topsoil		x																																				
8"	0.5	1.7	Silty SAND		x																																				
8"	1.7	62.9	BASALT, dark grey		x																																				
8"	62.9	95	BASALT, grey to brown		x																																				
8"	95	115	BASALT, brown, severely weathered		x																																				
<p>4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <p>RECEIVED</p> <p>MAY 22 1991</p> <p>Department of Water Resources Southern Region Office</p> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RECEIVED</p> <p>MAY 8 1991</p> <p>Department of Water Resources</p> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RECEIVED</p> <p>MAY 20 1991</p> <p>NORTHERN REGION DWR</p> </div>																																								
<p>5. WELL CONSTRUCTION Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC</u> Thickness _____ Diameter _____ From _____ To _____ _____ inches _____ inches + _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet</p> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation _____ inches by _____ inches</p> <table border="0" style="width:100%;"> <tr> <td style="width:20%;">Number</td> <td style="width:20%;">From</td> <td style="width:20%;">To</td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> <td></td> <td></td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> <td></td> <td></td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> <td></td> <td></td> </tr> </table> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer's name <u>Aardvark</u> Type <u>4" PVC</u> Model No. _____ Diameter <u>4"</u> Slot size <u>.02</u> Set from <u>89.2</u> feet to <u>108.6</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel <u>1/4"</u> Placed from <u>75</u> feet to <u>115</u> feet Surface seal depth <u>75</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth Method of joining casing: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access port <u>6" steel monument with padlock</u></p>	Number	From	To			_____ perforations	_____ feet	_____ feet			_____ perforations	_____ feet	_____ feet			_____ perforations	_____ feet	_____ feet			<p>10. Work started <u>4-2-91</u> finished <u>4-3-91</u></p>																				
Number	From	To																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
_____ perforations	_____ feet	_____ feet																																							
<p>6. LOCATION OF WELL Sketch map location must agree with written location  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Gooding</u> NW ¼ NW ¼ Sec. <u>6</u> T. <u>9</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>15</u> E <input type="checkbox"/> W <input type="checkbox"/></p>	<p>11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Chen-Northern</u> Firm No. <u>459</u> Address <u>PO Box 7777, Boise</u> Date <u>4-10-91</u> Signed by (Firm Official) <u>Steven A. Nelson</u> and <u>Leed Walker</u> (Operator)</p>																																								

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Correction

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

1. WELL TAG NO. D0036747
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Brett & Kathy Humphries
Address 1727 E 3600 S
City Wendell State ID Zip 83355

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>9</u>		North <input type="checkbox"/>	or	South <input checked="" type="checkbox"/>		
W		Rge. <u>15</u>		East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>	LN	
E		Sec. <u>6</u>		1/4 <u>NW</u> 1/4		NW 1/4		
S		Gov't Lot _____		County <u>Gooding</u>		10 acres		100 acres
		Lat: _____		Long: _____				
		Address of Well Site <u>1727 E 3600 S</u>		City <u>Wendell</u>				
(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
Material	From	To	Sacks or Pounds	
bentonite	0	19	200 lbs	dry pour

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
6	1	19	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	45	125	.250	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

- Perforations Method touch
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
90	100	1	100	1/4	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+			

Water Temp. <85 Bottom hole temp. <85

Water Quality test or comments: _____
Depth first Water Encounter 87

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	7	top soil		
8	7	15	black lava		
8	15	18	cinders		
6	18	56	black lava		
6	56	61	soft broken & clay		
6	61	68	medium hard		
6	68	81	soft & brown clay		
6	81	87	black lava		
6	87	91	brown lava & cinders		X
6	91	98	medium hard black lava		X
6	98	121	brown clay & ash		
6	121	125	black lava		
6	125	134	black lava		
6	134	137	broken lava		
6	137	140	black lava		
6	140	149	black lava		
6	149	155	broken & brown silt		
6	155	178	black lava		
6	178		soft brown lava & brown clay		
6	183	190	black lava		

RECEIVED
JAN 26 2005

Department of Water Resources

Completed Depth 190 (Measurable)
Date: Started 8/19/2005 Completed 8/22/2005

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 Eaton Drilling & pump Service, Inc. Firm No. 26

Firm Official _____ Date 9/16/2005

and _____

Driller or Operator _____ Date 9/16/2005

(Sign once if Firm Official & Operator)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

Handwritten initials/signature

1. WELL OWNER

Name Steven Miller
Address Rt. 4 Box 219 D Suh1, ID 83316
Drilling Permit No. 47-91-S-061
Water Right Permit No. _____

7. WATER LEVEL

Static water level 180 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature _____ of. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

New well Deepened Replacement
 Well diameter increase
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

Pump Bailor Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

023134

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	1	Topsoil		x
	1	10	Lava		x
	10	14	Red cinders	x	
	14	18	Lava		x
6"	18	23	Lava		x
	23	27	Red cinders & clay		x
	27	31	Lava		x
	31	36	Red cinders & clay		x
	36	50	Lava		x
	50	53	Black cinders & water talc		x
	53	57	Red cinders & water talc	x	
	57	70	Lava		x
	70	74	Black cinders		x
	74	76	Red cinders & clay		x
	76	98	Lava		x
	98	101	Red cinders & water talc	x	
	101	110	Black cinders		x
	110	142	Lava		x
	142	146	Red cinders & water talc	x	
	146	194	Lava		x
	194	197	Black cinders & gray clay	x	
	197	235	Lava		x
	235	240	Sand & gravel	x	

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ 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's name _____
Type _____ Model No. _____
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 19 Material used in seal: Cement Grout
 Bentonite Puddling clay _____
Sealing procedure used: Slurry pit Temp. surface casing
 Overbore to seal depth
Method of joining casing: Threaded Welded 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 Twin Falls
SE E Sec. 6 T. 9 N S R. 15 W

10.

Work started 7-2-91 finished 7-2-91

11. DRILLERS CERTIFICATION

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

Firm Name Elsing Drilling Firm No. 31
P.O. Box 919
Address Twin Falls, ID 83301 Date 7-9-91

Signed by (Firm Official) Arnold Elsing
and
(Operator) Mark Robert

RECEIVED
JUL 12 1991
DEPARTMENT OF WATER RESOURCES
SOUTHERN REGIONAL OFFICE

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

56532

1. DRILLING PERMIT NO. 47-94-S-0166-000
Other IDWR No. _____

2. OWNER:
Name David Snedigar
Address 4577 North Clear Lake Grade
City Buhl State Idzp Zip 83316

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>9</u> North <input type="checkbox"/> or South <input checked="" type="checkbox"/>	
E		Rge. <u>15</u> East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>7</u> <u>SW 1/4</u> <u>NW 1/4</u>	
W		Gov't Lot _____ County <u>Twin Falls</u>	

Address of Well Site East Side of
St. Hwy 30 1/2 S Clear Lake City Buhl
(Give at least name of road - Distance to Road or Landmark) Bridge

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK
 New Well Modify or Repair Replacement Abandonment

6. DRILL METHOD
 Mud Rotary Air Rotary Cable Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	80	500 ⁴	Powd Dry Into Annular

Was drive shoe used? Y N Q
Was drive shoe seal tested? Y N Q How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" + 3"	162	250	Stal	<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
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
114 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Sanitary Well Cap

11. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time

Water Temp. 85 Bottom hole temp. _____
Water Quality test or comments: Small Antisalt/NO odor

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	3	Brown Sand w/ Clay		
	3	60	Brown Sand		
	60	80	Brown Sand w/ Gravel	X	
	80	118	Brown Sand		
8 1/2"	118	162	Gray Clay		
	162	163	Brown Sand		
	163	169	Dark Gravel	X	
	169	180	Brown Cinders		
	180	185	Brown Sand		

SEP 28 1994
Department of Water Resources
Southern Region Office

RECEIVED
SEP 29 1994
Department of Water Resources

Completed Depth 185 (Measurable)
Date: Started Sept 6/94 Completed Sept 9/94

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

Firm Name Eaton Drilling Firm No. 26
Firm Official Long Nelson Date 9-16-94
and
Supervisor or Operator Paul Curtis Date Sept 16/94
(Sign once if Firm Official & Operator)