Exhibit 6

Ground Water Well Logs

Clear Springs Area
## Listing of Driller Reports

<table>
<thead>
<tr>
<th>Contact</th>
<th>Use</th>
<th>TWP</th>
<th>RNG</th>
<th>SEC</th>
<th>Tract</th>
<th>Gov Lot</th>
<th>Well Address</th>
<th>Sub</th>
<th>Bill</th>
<th>Gallons Per Minute</th>
<th>Static Water Level</th>
<th>Total Depth</th>
<th>Casing Depth</th>
<th>CSG DIA</th>
<th>Construction Date</th>
<th>PN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARK, DARWIN L</td>
<td>Domestic- Single Residence</td>
<td>08S</td>
<td>14E</td>
<td>34</td>
<td>NENE</td>
<td>9999</td>
<td>89</td>
<td>115</td>
<td>19</td>
<td>6</td>
<td>9/1/1992</td>
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<tr>
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<td>34</td>
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<td>72</td>
<td>120</td>
<td>2/7/1976</td>
<td>81</td>
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<td>0</td>
<td>72</td>
<td>72</td>
<td>120</td>
<td>8/1/1980</td>
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<td>MC CLOUD, KEITH</td>
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<td>PICKINGTON, RAY</td>
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<td>34</td>
<td>NWNW</td>
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<td>72</td>
<td>72</td>
<td>120</td>
<td>8/15/1955</td>
<td>71</td>
<td></td>
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<td>JOHNS, ERICH</td>
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<td>SENW</td>
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<td>72</td>
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<td>FRANCIS, BILL</td>
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<td>NESW</td>
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<td>HARDMAN, PAUL</td>
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<td>34</td>
<td>NWSW</td>
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<td>104</td>
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Related Documents


11/18/2008
<table>
<thead>
<tr>
<th>Related Documents</th>
<th>PILKINTON, C L</th>
<th>Other</th>
<th>08S</th>
<th>14E</th>
<th>34</th>
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<td>88</td>
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</table>


11/18/2008
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER
Name: Darwin Clark
Address: R1. 1 Box 223 Wendell
Drilling Permit No.: 36-92-S-0245-200
Water Right Permit No.: 

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.)

3. PROPOSED USE
☐ Domestic  ☐ Irrigation  ☐ Water Use
☐ Industrial  ☐ Stock  ☐ Waste Disposal or Injection
☐ Other (specify type)

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

5. WELL CONSTRUCTION
Casing schedule:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 1/2</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Was casing drive shoe used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
How perforated? ☐ Factory  ☐ Knife  ☐ Torch  ☐ Gun
Size of perforation? __ Inches by __ Inches

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

7. WATER LEVEL
Static water level __ feet below land surface.
Flowing? ☐ Yes ☐ No
Artesian closed-in pressure __ p.s.i.
Controlled by: ☐ Valve  ☐ Cap  ☐ Plug
Temperature __ °F  Quality

8. WELL TEST DATA
☐ Pump  ☐ Bailer  ☐ Air  ☐ Other

<table>
<thead>
<tr>
<th>Discharge G.P.M.</th>
<th>Pumping Level</th>
<th>Hours Pumped</th>
</tr>
</thead>
</table>

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 1/2</td>
<td>Top Soil</td>
</tr>
<tr>
<td>4 1/2</td>
<td>Sand</td>
</tr>
<tr>
<td>9 1/2</td>
<td>Clay</td>
</tr>
<tr>
<td>12 1/2</td>
<td>BIR Lava</td>
</tr>
<tr>
<td>16 1/2</td>
<td>Clay</td>
</tr>
<tr>
<td>21 1/2</td>
<td>BIR Lava</td>
</tr>
<tr>
<td>24 1/2</td>
<td>BIR Lava</td>
</tr>
<tr>
<td>31 1/2</td>
<td>Inert</td>
</tr>
<tr>
<td>37 1/2</td>
<td>Cer. Vic. Last Return</td>
</tr>
<tr>
<td>40 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>43 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>48 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>50 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>52 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>54 1/2</td>
<td>Oil</td>
</tr>
<tr>
<td>56 1/2</td>
<td>Oil</td>
</tr>
</tbody>
</table>

10. WORK started Sept. 1, 1992 Finished Sept. 1, 1992

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

Firm Name: Wendell F. Clark
Address: Wendell 116

Signed by Drilling Supervisor: Wendell F. Clark

(Operator) (If different than the Drilling Supervisor)
State of Idaho
Department of 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.

WELL OWNER

Name: [Redacted]
Address: [Redacted]
Owner's Permit No.: [Redacted]

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

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

4. METHOD DRILLED

- Cable
- Rotary
- Dug
- Other

5. WELL CONSTRUCTION

- Diameter of hole: [Redacted] inches
- Total depth: [Redacted] feet
- Casing schedule: [Redacted]

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
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<tbody>
<tr>
<td>3 5/8</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Was casing drive shoe used? [Redacted]
- Was a packer or seal used? [Redacted]
- How perforated? [Redacted]
- Size of perforation: [Redacted] inches by [Redacted] inches
- Number of perforations: [Redacted]

6. LOCATION OF WELL

Sketch map location must agree with written location.

7. WATER LEVEL

- Static water level: [Redacted] feet below land surface
- Flowing? [Redacted]
- G.P.M. flow: [Redacted]
- Temperature: [Redacted] °F.
- Quality: [Redacted]
- Artesian closed-in pressure: [Redacted] p.s.i.
- Controlled by: [Redacted]

8. WELL TEST DATA

- Pump
- Baller
- Other

<table>
<thead>
<tr>
<th>Discharge G.P.M.</th>
<th>Draw Down</th>
<th>Horse Pumped</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole Diam.</th>
<th>Depth From</th>
<th>Depth To</th>
<th>Material</th>
<th>Water</th>
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<tbody>
<tr>
<td>8.0</td>
<td>19.95</td>
<td>29.67</td>
<td>Cardboard</td>
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<tr>
<td>8.8</td>
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<td>42.07</td>
<td>Cardboard</td>
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<tr>
<td>9.0</td>
<td>42.07</td>
<td>52.79</td>
<td>Cardboard</td>
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</table>

10. Work started: [Redacted] finished: [Redacted]

11. DRILLERS CERTIFICATION

Firm Name: [Redacted]
Address: [Redacted]
Signed by (Firm Official): [Redacted]
and (Driller): [Redacted]
**Form 238-7**

**STATE OF IOWA**
**DEPARTMENT OF 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.

**JUN 15 1931**

---

1. **WELL OWNER**
   - **Name**: Say moyle #2
   - **Address**: WINDLE, IOWA
   - **Owner's Permit No.**

2. **NATURE OF WORK**
   - **New well**
   - **Deepered**
   - **Replacement**
   - **Abandoned** (describe method of abandoning)

3. **PROPOSED USE**
   - **Domestic**
   - **Irrigation**
   - **Test**
   - **Municipal**
   - **Industrial**
   - **Stock**
   - **Waste Disposal or Injection**
   - **Other**

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

5. **WELL CONSTRUCTION**
   - **Casing schedule**: Screen
   - **Steel**
   - **Concrete**
   - **Other**
   - **Thickness**: Inches
   - **Diameter**: Feet
   - **From**
   - **To**
   - **Number of perforations**: From
to
   - **Inches**
   - **Inches**
   - **Feet**
   - **Feet**
   - **Manufa. name**
   - **Type**
   - **Model No.**
   - **Diameter**: Feet
   - **Slot size**: Feet
   - **Set from**: Feet
   - **Feet**
   - **Gravel packed?**: Yes
   - **No**
   - **Size of gravel**: Feet
   - **Surface seal depth**: Feet
   - **Material used in seal**: Cement
   - **Puddling clay**
   - **Cement grout**
   - **Sealing procedure used**: Slurry pit
   - **Temp. surface casing**
   - **Drilled over bore to seal depth**
   - **Method of joining casing**: Threaded
   - **Welded**
   - **Solvent**
   - **Cemented between strata**

6. **LOCATION OF WELL**
   - **Subdivision Name**
   - **Lot No.**
   - **Block No.**

7. **WATER LEVEL**
   - **Static water level**: 72 feet below land surface
   - **Flowing?**: Yes
   - **G.P.M. flow**:
   - **Artesian closed-in pressure**: psi
   - **Temperature**: °F
   - **Quality**

8. **WELL TEST DATA**
   - **Pump**
   - **Bailer**
   - **Air**
   - **Other**
   - **Discharge G.P.M.**
   - **Pumping Level**
   - **Hours Pumped**

9. **LITHOLOGIC LOG**
   - **Hole**: 10
   - **Depth**: 10 feet
   - **Material**: CYP SOIL
   - **Water**
   - **Yes**
   - **No**

10. **LOCATION OF WELL**
    - **County**
    - **Lot No.**
    - **Block No.**
    - **Subdivision Name**
    - **Sec.**
    - **T.**
    - **R.**
    - **E.**

11. **DRILLERS CERTIFICATION**
    - **I certify that all minimum well construction standards were complied with at the time the rig was removed.**
    - **Firm Name**: DRILLING
    - **Firm No.**
    - **Address**
    - **Date**
    - **Signed by (Firm Official)**
    - **(Operator)**

---

**RECEIVED**

**JUN 10 1931**

**Department of Water Resources**
WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO

Owner: KEITH WOODARD Address: WENDEL, IDAHO
Driller: L. G. WILSON Address: JEROME, IDAHO

Location of Well: NE ¼ NW ¼ Sec. 34 T. 8 N/S, R. 14 E/W GOODING County,
and 61 feet N/S, and 991 feet E/W from Corner of ¼ ¼ Sec.

Size of Drilled Hole: 6¼ Total depth of Well: 991

Give depth of standing water from surface: 67 Water Temp. 62 Farenheit

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. or: __________ 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: 230 Casing material: STEEL PIPE

Diameter, length and location of casing: 6" 7' 11" FROM 0 TO 7' 11"

(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 TOOLING

CASING RECORD

<table>
<thead>
<tr>
<th>DIAM.</th>
<th>FROM</th>
<th>TO</th>
<th>LENGTH</th>
<th>REMARKS: -- SEALS, GROUTING, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot;</td>
<td>0</td>
<td>7' 11&quot;</td>
<td>7' 11&quot;</td>
<td>CASING DRIVEN IN</td>
</tr>
</tbody>
</table>

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

NE NW 8 34 85 14E
### 7. WATER LEVEL

<table>
<thead>
<tr>
<th>Static water level</th>
<th>90 feet below land surface.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flowing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Artesian closed-in pressure</td>
<td></td>
</tr>
<tr>
<td>Controlled by:</td>
<td>Valve</td>
</tr>
<tr>
<td></td>
<td>Cap</td>
</tr>
<tr>
<td></td>
<td>Plug</td>
</tr>
<tr>
<td>Temperature</td>
<td>0F.</td>
</tr>
<tr>
<td>Quality</td>
<td></td>
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### 8. WELL TEST DATA

| Discharge G.P.M. | Pumping Level | Hours Pumped | |
|------------------|---------------|--------------|
|                  |               |              |

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
<th>Water</th>
<th>Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>47</td>
<td>Gray</td>
<td>1/a</td>
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<tr>
<td>48</td>
<td>2</td>
<td>Concrete</td>
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<td></td>
</tr>
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</table>

### 10. Work started: Dec 26 finished: Dec 28

### 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, Idaho  
Date: Dec 28

Signed by (Firm Official): James Eaton  
and (Operator): C.B. Eaton

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
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.

1. WELL OWNER

- **Name**: A.W.B. Industries
- **Address**: 1015 Main Blvd
- **Owner's Permit No.**: [Blank]

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock

4. METHOD DRILLED

- Cable
- Rotary
- Dug
- Other

5. WELL CONSTRUCTION

- Diameter of hole: 6 inches
- Total depth: 180 feet
- Casing schedule: Gravel
- Thickness: From 2.5 feet to 10 feet

- Was a packer or seal used? Yes
- Perforated? Yes
- How perforated? Factory
- Size of perforation: Inches
- Number of perforations: From [Blank] to [Blank]
- Well screen installed? Yes
- Manufacturer's name: [Blank]
- Diameter: [Blank] inches
- Slot size: [Blank] inches
- Set from [Blank] feet to [Blank] feet

6. LOCATION OF WELL

Sketch map location must agree with written location.

7. WATER LEVEL

- Static water level: 8.5 feet
- Flowing? Yes
- Temperature: 73.87°F
- Quality: [Blank]
- Artesian closed-in pressure: 0.11 p.s.i.
- Controlled by: Valve

8. WELL TEST DATA

- Pump
- Bailer
- Other
- Discharge: G.P.M.
- Draw Down: [Blank]
- Hours Pumped: [Blank]

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
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</tr>
<tr>
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</tbody>
</table>

10. WORK STARTED: [Blank] FINISHED: [Blank]

11. DRILLER'S CERTIFICATION

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

Driller's or Firm's Name: [Blank]

Address: [Blank]

Signed by: [Blank]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT.
State of Idaho
Department of Water Administration

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.

1. WELL OWNER

Name: Joe Bennett
Address: Rt. 1, Wendell, Idaho
Owner's Permit No.: 367536

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock

4. METHOD DRILLED

- Cable
- Rotary
- Dug
- Other

5. WELL CONSTRUCTION

- Diameter of hole: 16 inches
- Total depth: 120 feet
- Casing schedule: 16 inches
- Diameter: 1 foot
- Thickness: 1 inch
- From: 1 foot
- To: 18 feet

- Was a packer or seal used? Yes
- Perforated? Yes
- How perforated? Factory
- Size of perforation: inches
- Number of perforations: feet
- Diameter: inches
- Slot size: inches
- Set from: feet
- To: feet

- Well screen installed? Yes
- Manufacturer's name
- Type
- Model No.
- Diameter: inches
- Slot size: inches
- Set from: feet
- Diameter: inches
- Slot size: inches
- Set from: feet

- Gravel packed? Yes
- Size of gravel: inches
- Placed from: feet
- To: feet

- Surface seal? Yes
- Material used in seal:
- Cement grout
- Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County: Gooding
NE 1/4, SE 1/4, Sec. 34, T. 7 N, R. 14 E

7. WATER LEVEL

- Static water level: 27 feet below land surface
- Flowing? Yes
- Temperature: 56 °F
- Quality: Good
- Artesian closed-in pressure: p.s.i.
- Controlled by: Valve

8. WELL TEST DATA

- None

- Discharge G.P.M.: 0
- Draw Down: 0
- Hours Pumped: 0

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth From</th>
<th>Depth To</th>
<th>Material</th>
<th>Water Level</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>0</td>
<td>1</td>
<td>Top soil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Hard clay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>11</td>
<td>Broken gray basalt and boulders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>18</td>
<td>19</td>
<td>Firm gray basalt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>18</td>
<td>41</td>
<td>Broken gray basalt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>42</td>
<td>77</td>
<td>Firm gray basalt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>81</td>
<td>88</td>
<td>Broken gray basalt</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>100</td>
<td>108</td>
<td>Broken gray basalt and cinders (lost all cuttings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>112</td>
<td>116</td>
<td>Firm gray basalt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>118</td>
<td>120</td>
<td>Gray basalt cinders (lost)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. 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

510-13th St., Rupert, Idaho 83350
Address

Signed by

Date: May 19, 1975

USE ADDITIONAL SHEETS IF NECESSARY
FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT
**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phillips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Wendell</td>
</tr>
<tr>
<td>Owner’s Permit No.</td>
<td></td>
</tr>
</tbody>
</table>

### 2. NATURE OF WORK

- **Nature of Work**: New well

### 3. PROPOSED USE

- **Proposed Use**: Domestic

### 4. METHOD DRILLED

- **Method Drilled**: Rotary

### 5. WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Casing schedule:</th>
<th>Steel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thickness</td>
<td>12 In.</td>
</tr>
<tr>
<td>Diameter From To</td>
<td>17 ft</td>
</tr>
</tbody>
</table>

- **Was casing drive shoe used?**: Yes
- **Was a packer or seal used?**: Yes
- **Size of perforation**: 1/8 Inches by 1/8 Inches
- **Well screen installed?**: Yes

### 6. LOCATION OF WELL

- **Location**: SW 1/4 Sec. 34, T. 8 N., R. 1 M., E.

### 7. WATER LEVEL

- **Static water level**: 42 feet below land surface.
- **Flowing**: Yes
- **Artesian closed-in pressure**: p.s.i.
- **Temperature**: °F.

### 8. WELL TEST DATA

- **Discharge G.P.M.**: 0
- **Pumping Level**: 0
- **Hours Pumped**: 0

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
<th>Water</th>
<th>Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>top soil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>12 ft</td>
<td>gray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>18 ft</td>
<td>gray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>24 ft</td>
<td>gray</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. LOCATION OF WELL

- **Sketch map location must agree with written location.**

### 11. DRILLERS CERTIFICATION

- **Work started**: Sept. 1
- **Finished**: Sept. 1

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
WELL LOG AND REPORT

Owner: Hermann-Brandt Drilling Corp.
Address: 4923 S. 15th, Pocatello, Idaho

Location of Wells: 1/4 Sec. 1, T 11 S, R 2 E, Bannock County.
and 1/4 Sec. 4, T 11 S, R 2 E, Caribou County.

Filing Date:

Water will be used for irrigation.

Total depth of well: 120 ft.

Size of drilled hole: 12 inches.

Thickness of casing: 2 inches.

Casing material: 110 lb. 10 1/4 x 12 pipe.

Diameter, length and location of casing:

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: 90 ft.

On pumping test delivery was: g.p.m. _______ 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 23/61.

Type of well rig: 150 ft. Keystone.

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

Date: 10/10/61

[Blank space for additional information]
<table>
<thead>
<tr>
<th>FROM Feet</th>
<th>TO Feet</th>
<th>TYPE OF MATERIAL</th>
<th>DRILLING TIME</th>
<th>Water-Bearing Aquifer</th>
<th>Opening Lic. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hours</td>
<td>Minutes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>65</td>
<td>Top and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>80</td>
<td>Gravel and sand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>90</td>
<td>Lunker rock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>110</td>
<td>Black sand</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information above is correct and true to the best of my knowledge.

Signed: Peace Hardy

By: ____________________________

License No.: 75
WELL LOG AND REPORT

Owner: Herman Bland
Driller: Bruce Harley

Address: N. Main St., Overland

Location of Wells: 1/4 Sec. 1, T. 3 S., R. 36 E., Jefferson County and 36 ft. S, and 36 ft. E.W. from corner of 1/4 Sec.

Total depth of well: 120 ft.

Size of drilled hole: 12 inch

Thickness of casing: Casing material: 

Diameter, length and location of casing: 

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. 

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: 100 Keystone

GENERAL INFORMATION: Pumping Test, Quality of Water, Etc.
<table>
<thead>
<tr>
<th>FROM Feet</th>
<th>TO Feet</th>
<th>TYPE OF MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td>clay</td>
</tr>
<tr>
<td>25</td>
<td>25</td>
<td>gray sand</td>
</tr>
<tr>
<td>26</td>
<td>45</td>
<td>black sand</td>
</tr>
<tr>
<td>46</td>
<td>55</td>
<td>gray sand</td>
</tr>
<tr>
<td>56</td>
<td>90</td>
<td>white sand</td>
</tr>
<tr>
<td>90</td>
<td>100</td>
<td>clay sand, water</td>
</tr>
<tr>
<td>100</td>
<td>170</td>
<td>black sand</td>
</tr>
</tbody>
</table>

The information above is correct and true to the best of my knowledge.

Signed: [Signature]

By: [Signature]

License No.: 75
STATE OF IDAHO  
DEPARTMENT OF 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.

1. WELL OWNER
   Name: Hubbard Ed
   Address: Wendell
   Owner's Permit No.

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

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

4. METHOD DRILLED
   - Rotary
   - Cable
   - Air
   - Dug
   - Other

5. WELL CONSTRUCTION
   - Casing schedule: Steel
   - Concrete
   - Other
   - Thickness (inches)
   - Diameter (feet)
   - From
   - To
   - Was casing drive shoe used? Yes
   - Was a packer or seal used? Yes
   - Perforated?
     - Yes
     - No
     - Factory
     - Knife
     - Torch
   - Size of perforation (inches by inches)
   - Number of perforations
   - Diameter (feet)
   - Slot size (inches)
   - Set from
   - To
   - Well screen installed? Yes
   - No
   - Manufacturer's name
   - Type
   - Model No.
   - Diameter (feet)
   - Slot size (inches)
   - Set from
   - To
   - Gravel packed? Yes
   - No
   - Size of gravel (feet)
   - Placed from
   - To
   - Surface seal depth (feet)
   - Material used in seal: Cement grout
   - Puddling clay
   - 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.
   - Subdivision Name
   - Lot No.
   - Block No.
   - County

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

8. WELL TEST DATA
   - Pump
   - Baller
   - Air
   - Other
   - Discharge G.P.M.
   - Pumping Level
   - Hours Pumped

9. LITHOLOGIC LOG
<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>35</td>
<td>Top Seal</td>
</tr>
<tr>
<td>27</td>
<td>35</td>
<td>Artesian</td>
</tr>
<tr>
<td>9</td>
<td>65</td>
<td>Artesian</td>
</tr>
</tbody>
</table>

10. Work started: Sept 6
    finished: Sept 19

11. DRILLERS CERTIFICATION
    I/we certify that all minimum well construction standards were complied with at the time the rig was removed.
    Firm Name: CB Fatz
    Firm No. 26
    Address: Wendell
    Signed by (Firm Official) and (Operator)
WELL DRILLER'S REPORT

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

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

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

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

4. METHOD DRILLED
   ☐ Cable
   ☑ Rotary
   ☐ Dug
   ☐ Other

5. WELL CONSTRUCTION
   Diameter of hole: 6 inches
   Total depth: 97 feet
   Casing schedule:
   Thickness: 2.50 inches 5/800 inches
   Diameter: 6 inches 1 foot 82 feet
   From: 6 inches 1 foot
   To: 82 feet
   Material: Steel
   Field: Concrete
   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 of perforations: From To
   Diameter: inches
   Slot size: Slot size
   Set from: feet to feet
   Gravel packed? ☐ Yes ☑ No
   Size of gravel: 
   Placed from: feet to feet
   Surface seal depth: 18 feet
   Material used in seal: 
   Cement grout
   Pudding clay
   Well cuttings
   Sealing procedure used: 
   Stream seal
   Temporary surface casing
   Overdrill to seal depth

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

   Subdivision Name:
   Lot No.: Block 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

8. WELL TEST DATA
   None

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole Diameter</th>
<th>Depth</th>
<th>Material</th>
<th>Water</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>0</td>
<td>Top Soil</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>75</td>
<td>Broken Basalt</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>30</td>
<td>Gray Basalt w/seams</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>35</td>
<td>Clay w/broken rock</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>42</td>
<td>Med Hard Gray Basalt</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>49</td>
<td>Soft &amp; Broken</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>51</td>
<td>Hard Gray Basalt w/broken spots</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>84</td>
<td>Gray Med Soft Basalt w/hard spots</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>61</td>
<td>Broken -lost gamma</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>70</td>
<td>Hard with broken spots</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>75</td>
<td>Cinders</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>82</td>
<td>Hard</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>97</td>
<td>Very Broken w/hard spots</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

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

11. DRILLERS CERTIFICATION
    SMITH DRILLING & PUMP CO., INC.
    Firm Name:
    Firm No. 11
    Address: 328 West Avenue A, Jerome
    Signed by (Firm Officer):
    Date: 9/10/77
    (Operator):

USE ADDITIONAL SHEETS IF NECESSARY  FORWARD THE WHITE COPY TO THE DEPARTMENT
# 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.

## 1. WELL OWNER

**Name**: Martin or Shirley Dobrow  
**Address**: Rt. 1, Wendell, Idaho 83355  
**Owner's Permit No.**: application # 36-7291

## 2. NATURE OF WORK

- New well  
- Deepened  
- Replacement  
- Abandoned (describe method of abandoning)

## 3. PROPOSED USE

- Domestic  
- Irrigation  
- Test  
- Municipal  
- Industrial  
- Stock

## 4. METHOD DRILLED

- Cable  
- Rotary  
- Dug  
- Other

## 5. WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Diameter of Hole</th>
<th>Total Depth</th>
<th>Casing Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 inches</td>
<td>90 feet</td>
<td>Steel</td>
</tr>
</tbody>
</table>

- **Casing Schedule**
  - 2 inches Steel from 10 inches  
  - 10 inches Steel to 90 feet  

- **Thickness**
  - 2 inches  
  - 10 inches

- **Perforations**
  - Number of perforations: 150  
  - Size of perforation: 8 inches by 6 inches

- **Well Screen**
  - Installed? Yes  
  - Manufacturer: [Manufacturer's Name]

- **Gravel**
  - Placed from 60 feet to 90 feet

## 6. LOCATION OF WELL

Sketch map location must agree with written location.

- **County**: Gooding

## 7. WATER LEVEL

- **Static water level**: 57 feet below land surface  
- **Flowing?**: Yes  
- **Temperature**: °F  
- **Quality**: [Quality Type]

## 8. WELL TEST DATA

- **Discharge G.P.M.**  
- **Draw Down**  
- **Hours Pumped**

## 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole Diam. From To Width Material Water</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Soil</td>
<td>X</td>
</tr>
<tr>
<td>Gray Lava</td>
<td>X</td>
</tr>
<tr>
<td>Brown Lava</td>
<td>X</td>
</tr>
<tr>
<td>Black Cinderals</td>
<td>X</td>
</tr>
</tbody>
</table>

## 10. LOCATION OF WELL

- **Work started**: 1/19/73  
- **finished**: 2/3/73

## 11. DRILLER'S CERTIFICATION

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

**Dale E. Gilbert Well Drilling**

**Signed By**: [Signature]  
**Date**: 2/16/73

---

USE ADDITIONAL SHEETS IF NECESSARY  
FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER

Name: Ed Hughes
Address: Wendell
Owner's Permit No.

2. NATURE OF WORK

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

3. PROPOSED USE

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

4. METHOD DRILLED

☐ Rotary  ☐ Air  ☐ Hydraulic  ☐ Reverse rotary
☐ Cable  ☐ Dug  ☐ Other

5. WELL CONSTRUCTION

Casing schedule:

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
</tbody>
</table>

Was casing drive shoe used?  ☐ Yes ☐ No
Was a packer or seal used?  ☐ Yes ☐ No
Perforated?  ☐ Yes ☐ No
How perforated?  ☐ Factory ☐ Knife ☐ Torch

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name
Lot No.  Block No.

7. WATER LEVEL

Static water level ( ) feet below land surface.
Flowing?  ☐ Yes ☐ No
Artesian closed-in pressure ( p.s.i.)
Controlled by:  ☐ Valve  ☐ Cap  ☐ Plug
Temperature (°F)  ☐ Quality  ☐

8. WELL TEST DATA

WELL TEST DATA

Discharge G.P.M.
Pumping Level
House Pumped

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore</th>
<th>Depth (feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. WORK STARTED: 7-11-85  WORK FINISHED: 7-11-85

11. DRILLERS CERTIFICATION

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

Firm Name: C.R. Eaton  Firm No.  26
Address: Wendell
Signed by (Firm Official) __________________________ Date: Jan 15 1985
(Operator) __________________________

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
# Report of Well Driller

State of Idaho

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:** [Redacted]
- **Address:** [Redacted]

**Owner's Permit No:** 36-756

**Nature of Work (check):**
- Replacement well [X]
- Deepened
- Abandoned

**Water is to be used for:**
- [Redacted]

**Method of Construction:**
- [Redacted]

**Casing Schedule:**
- Threaded
- Welded

**Diam. from ft. to ft.:**
- [Redacted]

**Thickness of casing:**
- [Redacted]

**Steel □ concrete □ wood □ other □**

**Explained**

**Perforated?**
- [Redacted]

**Type of perforator used:**
- [Redacted]

**Size of perforations:**
- [Redacted]

**Was Screen Installed?**
- [Redacted]

**Manufacturer's name:**
- [Redacted]

**Type**
- [Redacted]

**Model No.:**
- [Redacted]

**Diam. Slot size Set from ft. to ft.:**
- [Redacted]

**Diam. Slot size Set from ft. to ft.:**
- [Redacted]

**Construction:**
- [Redacted]

**Material used in seal?**
- [Redacted]

**Did any strata contain unusable water?**
- [Redacted]

**Type of water:**
- [Redacted]

**Depth of strata ft.:**
- [Redacted]

**Method of sealing strata off:**
- [Redacted]

**Surface casing used?**
- [Redacted]

**Cemented in place?**
- [Redacted]

**Locate well in section:**
- [Redacted]

**Location of Well:**
- [Redacted]

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

**Name:** [Redacted]

**Address:** [Redacted]

**License No.:** [Redacted]

**Date:** 6-26-76

**Use other side for additional remarks**
11. WELL TESTS:

<table>
<thead>
<tr>
<th>Method</th>
<th>Water Level</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Temp. __ ____________________________ Bottom hole temp. __ ____________________________

Water Quality test or comments: ____________________________

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Depth First (M)</th>
<th>Lithology</th>
<th>Water Quality</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>12&quot;</td>
<td>0-5</td>
<td>Topsoil</td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td>5-37</td>
<td>Gray basalt</td>
<td>x</td>
</tr>
<tr>
<td>10-30</td>
<td>37-41</td>
<td>Crevice, lost circulation</td>
<td>x</td>
</tr>
<tr>
<td>30-40</td>
<td>41-64</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>40-60</td>
<td>64-72</td>
<td>Soft-cinders</td>
<td>x</td>
</tr>
<tr>
<td>60-90</td>
<td>72-77</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>90-100</td>
<td>77-80</td>
<td>Crevice</td>
<td></td>
</tr>
<tr>
<td>100-109</td>
<td>80-86</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>109-120</td>
<td>86-90</td>
<td>Crevice</td>
<td>x</td>
</tr>
<tr>
<td>120-139</td>
<td>90-102</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>139-159</td>
<td>102-109</td>
<td>Soft-cinders</td>
<td>x</td>
</tr>
<tr>
<td>159-169</td>
<td>109-118</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>169-180</td>
<td>118-139</td>
<td>Basalt</td>
<td>x</td>
</tr>
<tr>
<td>180-190</td>
<td>139-158</td>
<td>Soft basalt</td>
<td>x</td>
</tr>
<tr>
<td>158-170</td>
<td>158-167</td>
<td>Fractured basalt</td>
<td>x</td>
</tr>
<tr>
<td>167-170</td>
<td>167-168</td>
<td>Sand &amp; gravel</td>
<td>x</td>
</tr>
</tbody>
</table>

Fitted to 160 ft.

---

RECEIVED
JUL 31, 2000
Department of Water Resources
Southern Region

AUG - 2 - 2000

13. DRILLER'S CERTIFICATION

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 Egger
Date: 7-27-00

Operator: Craig Eggers
Date: 7-27-00

FORWARD WHITE COPY TO WATER RESOURCES
Form 238-7

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Tag #2908 36 98

1. DRILLING PERMIT NO. 16 x 286 - S - 0173 - 000
Other IDWR No.

2. OWNER:
Name: Goedhart Dairy
Address: 1546 E 3600S, Wendell, ID
City: Wendell Zip: 83355

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

<table>
<thead>
<tr>
<th>N</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twp 8 S</td>
<td>North or South</td>
</tr>
<tr>
<td>Rge 14 E</td>
<td>East or West</td>
</tr>
<tr>
<td>Sec 35</td>
<td>1/4 SE 1/4 SW 1/4</td>
</tr>
<tr>
<td>Govt Lot</td>
<td>County</td>
</tr>
</tbody>
</table>

Address of Well Site: City: Wendell

4. PROPOSED USE:
Domestic D Municipal D Monitor D Irrigation D Thermal D Injection

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

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

7. SEALING PROCEDURES
SEAL/FILTER PACK AMOUNT METHOD

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Backs or Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>0</td>
<td>197</td>
<td>Saks Overbore</td>
</tr>
</tbody>
</table>

8. CASING/LINER:
Diameter | From | To | Shove | Material | Casing | Liner | Welded | Threaded |

| 6 5-8 | +1-4 | -11250 | Steel | D | D | D | D |

Length of Headpipe | Length of Tailpipe

9. PERFORATIONS/SCREENS
Click the appropriate option:
O Perforations Method
O Screens Screen Type

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
164 ft below ground Artesian pressure 1 lb.
Depth flow encountered __________ ft. Describe access port or control devices:

11. WELL TESTS:
NONE

<table>
<thead>
<tr>
<th>Yieldgal/min.</th>
<th>Boredown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

Water Temp. __________ Bottom hole temp. __________

Water Quality test or comments:

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

<table>
<thead>
<tr>
<th>Stratum</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>0-10</td>
<td>14 14</td>
<td>Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>14 14</td>
<td>88</td>
<td>Pink Basalt</td>
<td>X</td>
</tr>
<tr>
<td>88</td>
<td>36</td>
<td>Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td>42</td>
<td>Soft and Broken</td>
<td>X</td>
</tr>
<tr>
<td>42</td>
<td>55</td>
<td>Med Hard</td>
<td>X</td>
</tr>
<tr>
<td>55</td>
<td>59</td>
<td>Soft &amp; breaks</td>
<td>X</td>
</tr>
<tr>
<td>59</td>
<td>64</td>
<td>Porous-Breaks Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>64</td>
<td>72</td>
<td>Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>72</td>
<td>75</td>
<td>Crevice</td>
<td>X</td>
</tr>
<tr>
<td>75</td>
<td>80</td>
<td>Large Breaks</td>
<td>X</td>
</tr>
<tr>
<td>80</td>
<td>80</td>
<td>Med Hard</td>
<td>X</td>
</tr>
<tr>
<td>80</td>
<td>98</td>
<td>106</td>
<td>Fossil</td>
</tr>
<tr>
<td>106</td>
<td>129</td>
<td>Med Hard Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>129</td>
<td>140</td>
<td>Med Hard Sm. breaks</td>
<td>X</td>
</tr>
<tr>
<td>140</td>
<td>156</td>
<td>Med Hard Gray Basalt</td>
<td>X</td>
</tr>
<tr>
<td>156</td>
<td>169</td>
<td>Gray Basalt-sm. breaks</td>
<td>X</td>
</tr>
<tr>
<td>169</td>
<td>175</td>
<td>Brown Clay &amp; Gravel</td>
<td>X</td>
</tr>
<tr>
<td>175</td>
<td>224</td>
<td>Gray BasaltxLg.Breaks-clayX</td>
<td>X</td>
</tr>
</tbody>
</table>

RECEIVED

JAN 13 1998

MARCH 999

Department of Water Resources
Southern Region

Completed Depth 224 (Measurable)
Date: Started 11-23-98 Completed 12-11-98

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

SMITH DRILLING & PUMP CO., INC

Firm Name

Firm No. 11

Firm Official: A. PERRY SMITH
Date: 12-15-98

Supervisor or Operator: LELTON S. BOWDEN
Date: 12-15-98

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D 0043171
DRILLING PERMIT NO. 841212
Other IDWR No. 411488

2. OWNER:
Name: Vandyke & Sons Partnership
Address: 3578 S 1800 E
City: Wendell
State: ID Zip 83355

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

4. USE:
Domestic
Municipal
Monitor
Irrigation
Thermal
Injection
Commercial-Dairy

5. TYPE OF WORK:
New Well
Modify
Abandonment
Other

6. DRILL METHOD:
Air
Rotary
Cable
Mud
Rotary
Other

7. SEALING PROCEDURES:
Seal/Filter Pack
AMOUNT
METHOD
shell tamp
0 - 20
400 lba
dry pour

8. CASING/LINER:

9. PERFORATIONS/SCREENS:

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

11. WELL TESTS:

12. LITHOLOGIC LOG:

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 9/27/2006
Driller or Operator: Date 9/27/2006
# Idaho Department of Water Resources

## Listing of Driller Reports

<table>
<thead>
<tr>
<th>Contact</th>
<th>Use</th>
<th>TWP</th>
<th>RNG</th>
<th>SEC</th>
<th>Tract</th>
<th>Gov. Lot</th>
<th>Well Address</th>
<th>Sub</th>
<th>Bl</th>
<th>Gallons Per Minute</th>
<th>Static Water Level</th>
<th>Total Depth</th>
<th>Casing Depth</th>
<th>CSG. DIA.</th>
<th>Construction Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRICKLAND, EVELYN</td>
<td>Domestic, Single</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NENE</td>
<td>3503 SOUT 1700 EAST</td>
<td>0</td>
<td>62</td>
<td>105</td>
<td>19</td>
<td>6</td>
<td>5/24/1999</td>
<td></td>
<td></td>
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<tr>
<td>BLICK</td>
<td>Irrigation</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NWNE</td>
<td>9999</td>
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<td>98</td>
<td></td>
<td></td>
<td></td>
<td>12/31/9999</td>
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<tr>
<td>GRISSOM, WILLIAM</td>
<td>Domestic</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NWNE</td>
<td>450</td>
<td>72</td>
<td>98</td>
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<td></td>
<td>12/31/9999</td>
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<td></td>
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<tr>
<td>MOORE, MARILYN N</td>
<td>Domestic</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NENW</td>
<td>0</td>
<td>62</td>
<td>98</td>
<td></td>
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<td></td>
<td>11/20/1972</td>
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<td>MC CLELLAN, SHAWN</td>
<td>Domestic, Single</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NENW</td>
<td>1649 BOB BARTON</td>
<td>74</td>
<td>94</td>
<td>-18</td>
<td>8</td>
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<td>9/25/2001</td>
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<tr>
<td>MADALENA, JOHN</td>
<td>Domestic, Single</td>
<td>08S</td>
<td>14E</td>
<td>36</td>
<td>NWSW</td>
<td>3560 S 1600 E</td>
<td>0</td>
<td>64</td>
<td>105</td>
<td>18</td>
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<td>5/18/1993</td>
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[Related Documents](http://www.idwr.idaho.gov/apps/appswell/DisplayDrillerReportSummary.asp?Type=Summary)
<table>
<thead>
<tr>
<th>File Name</th>
<th>Description</th>
<th>Section</th>
<th>Row</th>
<th>Column</th>
<th>Related Documents</th>
</tr>
</thead>
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<tr>
<td>JOHN</td>
<td>Single Residence 08S 14E 36 NWSW 3560 S 1600 E</td>
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<td>64</td>
<td>105</td>
</tr>
<tr>
<td>O G DAIRY</td>
<td>Stockwater 08S 14E 36 SESW</td>
<td></td>
<td>0</td>
<td>80</td>
<td>130</td>
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</tbody>
</table>

**Related Documents**

<table>
<thead>
<tr>
<th>Description</th>
<th>Section</th>
<th>Row</th>
<th>Column</th>
<th>Related Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLICK</td>
<td>Irrigation 08S 14E 36 SESW 1 MI SOUTH OF BOB BURTON</td>
<td></td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>BROTHERS FARMS PARTNERSHIP</td>
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<td>BLICK</td>
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<td></td>
<td>0</td>
<td>76</td>
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<td>BROTHERS FARMS PARTNERSHIP</td>
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<td>BLICK</td>
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<tr>
<td>BROTHERS FARMS PARTNERSHIP</td>
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<tr>
<td>HENSLEE, FRANK</td>
<td>Irrigation 08S 14E 36 NESE</td>
<td></td>
<td>0</td>
<td>95</td>
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<tr>
<td>CRAIG, JERIMY</td>
<td>Domestic-Single Residence 08S 14E 36 SWSE 1676 E 3600 S</td>
<td></td>
<td>88</td>
<td>210</td>
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<tr>
<td>MADALENA, JOHN</td>
<td>Irrigation 08S 14E 36 SWSE</td>
<td></td>
<td>9999</td>
<td>70</td>
</tr>
</tbody>
</table>

**Related Documents**
1. WELL TAG NO. D 0008162
   DRILLING PERMIT NO. ZC-99-5-0071-000

2. OWNER:
   Name: Evelyn Strickland
   Address: 3503 S. 1700 E.
   City: Wendell
   State: ID
   Zip: 83355

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

4. USE:
   Domestic [X] Municipal [ ]
   Industrial [ ] Commercial [ ]
   Thermal [ ] Injection [ ] Other [ ]

5. TYPE OF WORK: check all that apply
   New Well [X] Modify [ ] Abandonment [ ] Other [ ]

6. DRILL METHOD:
   Air Rotary [X] Cable [ ] Mud Rotary [ ]

7. SEALING PROCEDURES:
   Seal/Plug Pack Amount Method
   Material From To Sacks or Pounds
   Bentonite 0 19 200 lbs dry pour

Was drive shoe used? [X] Y [ ]
Was drive shoe sealed? [X] Y [ ]

8. CASING/LINER:
   Diameter From To Odge Material Casing Liner Welded Threaded
   6 1 19 25 steel X [ ] [ ] [ ]

Length of Headpipe 1' Length of Tailpipe

9. PERFORATIONS/SCREENS:
   [ ] Perforations
   Method
   [ ] Screens
   Screen Type

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

11. WELL TESTS:
   Yield gal/min. Drawdown Pumping Level Flowing Artesian
   no returns

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)
    Water
    | Bore D | From | To | Remarks: Lithology Water Quality Temperature |
    | X | N |
    8 | 0 | 4 Top soil
    8/8 | 4 | 20 Black Lava
    8 | 20 | 32 Cinders
    6 | 32 | 68 Hard
    6 | 66 | 63 Soft broken cinders
    6 | 63 | 68 Hard
    6 | 86 | 73 Med hard & breaks X
    6 | 73 | 92 Hard
    6 | 92 | 93 Broken X
    6 | 93 | 102 Med hard
    6 | 102 | 105 Soft broken cinders

RECEIVED
JUN 9 1999
Department of Water Resources
Southern Region

FORWARD WHITE COPY TO WATER RESOURCES
**REPORT OF WELL DRILLER**

State of Idaho

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: Blick
Address: WENDELL

Owner's Permit No.: 12345

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

Water is to be used for: Digation □

METHOD OF CONSTRUCTION: Rotary □ Cable □ Dug □ Other □

Location: (explain)

CASING SCHEDULE: Threaded □ Welded □

"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.

AS SCREEN INSTALLED? Yes □ No □

manufacurer's name

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

<table>
<thead>
<tr>
<th>Sec.</th>
<th>X</th>
</tr>
</thead>
</table>

CATION OF WELL: County

Township

Range

STATEMENT OF WELL: County

Township

Range

SIGNATURE OF WELL: County

Township

Range

Depth of drilled hole: ft.

Total depth of well: ft.

Standing water level below ground: ft.

Fahr. Test delivery: gpm or cfs Pump? □ Bail □

Size of pump and motor used to make test:

Length of time of test: Hrs. Mins.

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 □

Does well leak around casing?

Yes □ No □

No control □

Perforated? Yes □ No □

Type: □ Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

Date: 12/31/2021

Signed by: WENDELL 107

License No. 107

Work started:

Work finished:

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

Name: [Sign]

Address: WENDELL 107

Signed by: [Sign]

License No. 107

Date: 12/31/2021

Use other side for additional remarks
WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO

Owner: William Grissom
Driller: Eaton & Sons

Address: Wendell, Idaho
Address: Wendell, Idaho

Location of Well: N.W. 1/4, SE. 1/4 Sec. 16, T. 8 N, R. 7 E, Gardner County.

Water will be used for Irrigation & domestic. Total depth of well 88 feet.

Size of drilled hole: 12" Width of casing per linear foot

Thickness of casing: Casing Material:

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. and shut in pressure
If nonflowing well, give depth of standing water from surface 72 feet

If flowing well, describe control works

On pumping test delivery was g.p.m. or c.f.s. Drawdown was 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: "L" F. U. L. M. X.

CASING RECORD

<table>
<thead>
<tr>
<th>Diam.</th>
<th>From</th>
<th>To</th>
<th>Length</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feet</td>
<td>Feet</td>
<td>9 ft</td>
<td></td>
</tr>
</tbody>
</table>

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

AVAE 5.34 % 14E

Permit: 24112
# WELL LOG

<table>
<thead>
<tr>
<th>From Feet</th>
<th>To Feet</th>
<th>Type of Material</th>
<th>Drilling Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hrs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>Top Soil</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>45</td>
<td>Gray Lava Clovis</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>72</td>
<td>Red Lava</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>90</td>
<td>Water in Red Lava</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>91</td>
<td>Red Sand</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>99</td>
<td>Gray Lava Clovis</td>
<td></td>
</tr>
</tbody>
</table>

If more space is required use Sheet No. 2

---

# WELL DRILLERS STATEMENT

This well was drilled under my jurisdiction and the above information is true and correct to the best of my knowledge and belief.

Signed [Signature]

By [Signature]

License No. [Insert License Number]

Dated, 19...

Subscribed and sworn before me this... day of, 19...

Notary Public

My Commission expires

---

**NOTARIZATION NOT NECESSARY UNDER NEW LAW**
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.

1. WELL OWNER

Name: Marilyn M. Moore
Address: 812 Wendell Idaho
Owner's Permit No.: None Required

2. NATURE OF WORK

☐ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☐ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole ___ inches Total depth ___ feet
Casing schedule: ___ Steel ☐ Concrete
Thickness From ___ inches To ___ inches

Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☐ Yes ☐ 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
Diameter Slot size __ Set from ___ feet to ___ feet
Gravel packed? ☐ Yes ☐ No Size of gravel ___ inches
Placed from ___ feet to ___ feet
Surface seal? ☐ Yes ☐ No To what depth ___ feet
Material used in seal ☐ Cement grout ☐ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County: Gooding

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.

Name: Smith Diggins Pump Co. Inc.
Address: 332 West Ave. "K" Jerome Idaho 83338

Signed By __________________________ Date __________________________
WELL DRILLER'S REPORT

1. WELL TAG NO. D0016622
DRILLING PERMIT NO. ____________________________
Other IDWR No. ____________________________

2. OWNER:
Name Shawn McClellan
Address 1849 Bob Barton Rd.
City Wendell State ID Zip 83355

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

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:

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>MATERIAL</th>
<th>AMOUNT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0 18 200 lbs.</td>
<td>dry pour</td>
<td></td>
</tr>
</tbody>
</table>

Was drive shoe used? [ ] Y [ ] N
Was drive shoe seal tested? [ ] Y [ ] N

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot;</td>
<td>+2</td>
<td>18</td>
<td>.250</td>
<td>steel</td>
</tr>
</tbody>
</table>

Length of Headpipe: 1'
Length of Tailpipe: _______________

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gpm</th>
<th>Drawdown</th>
<th>Air</th>
<th>Flowing Artesian</th>
</tr>
</thead>
</table>

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Depth of Water Encounter</th>
<th>Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 ft. below ground</td>
<td>sand &amp; top soil</td>
</tr>
<tr>
<td>81 ft. below ground</td>
<td>medium hard lava</td>
</tr>
<tr>
<td>16 ft. below ground</td>
<td>medium lava</td>
</tr>
<tr>
<td>20 ft. below ground</td>
<td>soft lava, ash &amp; cinder</td>
</tr>
<tr>
<td>24 ft. below ground</td>
<td>pocket</td>
</tr>
<tr>
<td>37 ft. below ground</td>
<td>medium lava</td>
</tr>
<tr>
<td>44 ft. below ground</td>
<td>soft lava, ash &amp; cinders</td>
</tr>
<tr>
<td>53 ft. below ground</td>
<td>medium lava</td>
</tr>
<tr>
<td>59 ft. below ground</td>
<td>soft lava &amp; ash</td>
</tr>
<tr>
<td>63 ft. below ground</td>
<td>soft lava</td>
</tr>
<tr>
<td>70 ft. below ground</td>
<td>medium lava</td>
</tr>
<tr>
<td>79 ft. below ground</td>
<td>soft lava</td>
</tr>
<tr>
<td>88 ft. below ground</td>
<td>broken lava</td>
</tr>
<tr>
<td>90 ft. below ground</td>
<td>medium lava</td>
</tr>
<tr>
<td>93 ft. below ground</td>
<td>soft broken lava &amp; cinders</td>
</tr>
</tbody>
</table>

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 Official [ ] Sign here
Firm No. 20
Date 10/5/01
Delivered to: City of Water Resources
Date 10/5/01

RECEIVED
OCT 10 2001
Department of Water Resources
Southern Region

RECEIVED
OCT 17 2001

Department of Water Resources

Completed Depth 94' (Measurable)

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL OWNER
Name: John Madaracsa
Address: 919 11 ½ Ave., North Bath
Drilling Permit No.: 36-93-5-0181-000
Water Right Permit No.: 

2. NATURE OF WORK
☐ New well
☐ Deepened
☐ Replacement
☐ Well diameter increase
☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as linings, screens, materials, plug depths, etc. in lithologic log, section 8.)

3. PROPOSED USE
☐ Domestic
☐ Irrigation
☐ Monitor
☐ Industrial
☐ Stock
☐ Waste Disposal or Injection
☐ Other

4. METHOD DRILLED
☐ Rotary
☐ Air
☐ Auger
☐ Reverse rotary
☐ Cable
☐ Mud
☐ Other

5. WELL CONSTRUCTION
Casing schedule:
- Steel
- Concrete
- Other

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Casing Thickness</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0.2</td>
<td>Top Soil</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>0.2</td>
<td>Brown Sand</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>0.2</td>
<td>Gray Clay</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>0.2</td>
<td>Gray Clay</td>
<td>No</td>
</tr>
</tbody>
</table>

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name: 
Lot No.: 
Block No.: 
County: Gooding
Address of Well Site: 3560 5 1400 E

7. WATER LEVEL
Static water level: 6.4 feet below land surface.
Flowing: ☐ Yes ☐ No
Artesian closed-in pressure: 20 p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature: 68.5° F.

8. WELL TEST DATA
Discharge G.P.M.: 
Pumping Level: 
Hour Pumped: 

9. LITHOLOGIC LOG
<table>
<thead>
<tr>
<th>Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Top Soil</td>
</tr>
<tr>
<td>7</td>
<td>Brown Sand</td>
</tr>
<tr>
<td>6</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>5</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>4</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>3</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>2</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>1</td>
<td>Gray Clay</td>
</tr>
</tbody>
</table>

10. Work started: May 12, 1993
finished: May 18, 1993

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

Firm Name: 
Address: 
Signed by Drilling Supervisor: 
(Operator): 

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
WELL DRILLER'S REPORT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL OWNER

Name: C A DAIRY
Address: WENDY
Owner's Permit No.

NATURE OF WORK

☐ New well  ☐ Deepened  ☐ Replacement
☐ Abandoned (describe method of abandoning)

PROPOSED USE

☐ Domestic  ☐ Irrigation  ☐ Test  ☐ Municipal
☐ Industrial  ☐ Stock  ☐ Waste Disposal or Injection
☐ Other __________________________

METHOD DRILLED

☐ Rotary  ☐ Air  ☐ Hydraulic  ☐ Revers rotary
☐ Cable  ☐ Dug  ☐ Other _______ _______

WELL CONSTRUCTION

Casing schedule: ☐ Steel  ☐ Concrete  ☐ Other

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<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>

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 of perforations From To feet feet

Well screen Installed? ☐ Yes ☐ No
Manufacturer's name __________________________
Type __________________________ Model No.
Diameter _______ Slot size _______ feet to _______ feet
Gravel packed? ☐ Yes ☐ No  ☐ Size of gravel _______ feet to _______ feet
Placed from _______ feet to _______ feet
Surface seal depth _______ feet
Material used in seal: ☐ Cement grout
☐ Pudding clay  ☐ Well cuttings
Sealing procedure used: ☐ Shurtby pit  ☐ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded  ☐ Welded  ☐ Solvent
☐ Cemented between strata
Describe access port __________________________

LOCATION OF WELL

Sketch map location must agree with written location

Subdivision Name __________________________
Lot No. _______ Block No. _______

County _______ Sec. _______ T1 _______ R _______ E8

WELL LEVEL

Static water level _______ feet below land surface.
Flowing? ☐ Yes ☐ No
Artesian closed-In pressure _______ p.s.i.
Controlled by: ☐ Valve  ☐ Cap  ☐ Plug
Temperature _______ °F  ☐ Quality

WELL TEST DATA

□ Pump  □ Bailer  □ Air  □ Other
Discharge G.P.M.
Pumping Level
Hours Pumped

LITHOLOGIC LOG

| Hole Number | Diam. From | To | Material | Water
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8 0-10</td>
<td></td>
<td>Top Soil</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>10-19</td>
<td></td>
<td>Clay</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>19-29</td>
<td></td>
<td>Sand</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>29-39</td>
<td></td>
<td>Gravel</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>39-49</td>
<td></td>
<td>Bedrock</td>
<td>No</td>
</tr>
</tbody>
</table>

DRILLER'S CERTIFICATION

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

Firm Name: C 13 FAMCO Firm No. 24
Address: WENDY

Signed by (Firm Official) __________________________
and (Operator) __________________________

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
1. DRILLING PERMIT NO: 36-07291

2. OWNER:
   Name: Dick Las Farms
   Address: Box 635
   City: Castleford
   State: ID Zip 83221

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

4. PROPOSED USE:
   Domestic
   Thermal
   Irrigation
   Municipal
   Monitor
   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

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Pounds</th>
<th>Method</th>
</tr>
</thead>
</table>

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

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
</table>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
   Perforations Method
   Screens Screen Type

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
</table>

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

11. WELL TESTS:
   Yield gal/min
   Drawdown
   Pumping Level

<table>
<thead>
<tr>
<th>Yield</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

Water Temp: ______ Bottom hole temp: ______
Water Quality test or comments: ______

12. LITHOLOGIC LOG:
   (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RECEIVED
JUN 1-9-1995
Department of Water Resources:

RECEIVED
MAY 11-1995
Department of Water Resources
Southern Region

Completed Depth _______
Date: Started _______ Completed _______

AUG 15-1995
Firm Name: Easton Drills
Firm No. 26

25 FT below ground Artesian pressure 12 lb.
Depth flow encountered 12 ft. Describe access port or control devices: Welded Steel Pipe.
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. DRILLING PERMIT NO. J6-95-S-024H - 100
   Other IDWR No. J6 022234

2. OWNER:
   Name: Rick Nett Farming
   Address: 635 Box 6, Castleford, State 1d zip 83321

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

4. PROPOSED USE:
   Domestic □  Municipal □  Monitor □  Irrigation □

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

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

7. SEALING PROCEDURES
   SEALS/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
   □  □  □  □  □  □  □  □  □

   Length of Headpipe: _______   Length of Tailpipe: _______

9. PERFORATIONS/SCREENS
   Perforations Method _______
   Screens Screen Type _______

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 □  Bailier □  Air □  Flowing Artesian
    Yield gpm.               Drawdown               Pumping Level               Time

    Water Temp. ___  Bottom hole temp. ___
    Water Quality test or comments: _______

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

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

    Firm Name: Fatow Drilling
    Firm Official ___________  Date 1-11-96
    Firm No. 26
    Supervisor or Operator ___________  Date 1-11-96

FORWARD WHITE COPY TO WATER RESOURCES
WELL OWNER:
Name: Frank Hensley

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? D Yes (explain)

WELL OWNER:
Name: Frank Hensley

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? D Yes (explain)

WELL OWNER:
Name: Frank Hensley

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? D Yes (explain)

WELL OWNER:
Name: Frank Hensley

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? D Yes (explain)
Form 238-7
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0034494
   DRILLING PERMIT NO. 8214150
   Water Right or Injection Well No. ID 306771

2. OWNER:
   Name: Jeromy 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 South
   Rge: 14 East
   Sec: 36
   Gov't Lot: 1/4 SW 1/4 SE 1/4
   Address of Well Site: 1676 East, 3600 South, City: Wendell
   Lt: __
   Blk: __
   Sub: __

4. USE:
   Domestic
   Municipal
   Monitor
   Irrigation
   Thermal
   Injection
   Other

5. TYPE OF WORK check all that apply
   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

8. CASING/LINER:
   Diameter
   From
   To
   Gauge
   Material
   Casing
   Liner
   Welded
   Threaded
   Length of Headpipe
   Length of Tailpipe
   Packer
   Y
   N
   Type

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

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:
    Yield gal/min.
    Drawdown
    Pumping Level
    Pumping Time
    Water Temp.
    Bottom hole temp.
    Water Quality test or comments:

13. LITHOLOGIC LOG: (Describe repairs or abandonment)
    Water
    From
    To
    Remarks: Lithology, Water Quality & Temperature

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

Company Name: Elsin Drilling
Firm No.: 31

Principal Driller: Lowell Elsin
Date: 11-17-04
and
Driller or Operator II: [Signature]
Date: 11-17-04

Operator I: [Signature]
Date: 11-17-04

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

FORWARD WHITE COPY TO WATER RESOURCES
# WELL DRILLER'S REPORT

## State of Idaho
Department of 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.

### WELL OWNER

**Name:** John Madelung  
**Address:** Wendell Idaho

**Owner's Permit No.:**

### 2. NATURE OF WORK

- [ ] New well  
- [ ] Deepened  
- [ ] Replacement  
- [ ] Abandoned (describe method of abandoning)

### 3. PROPOSED USE

- [ ] Domestic  
- [ ] Irrigation  
- [ ] Test  
- [ ] Other (specify type)
- [ ] Municipal  
- [ ] Industrial  
- [ ] Stock  
- [ ] Waste Disposal or Injection

### 4. METHOD DRILLED

- [ ] Cable  
- [ ] Rotary  
- [ ] Dug  
- [ ] Other

### 5. WELL CONSTRUCTION

- Diameter of hole: [ ] inches  
- Total depth: [ ] feet

<table>
<thead>
<tr>
<th>Casing Schedule</th>
<th>Steel</th>
<th>Concrete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thickness</td>
<td>[ ] inches</td>
<td>[ ] inches</td>
</tr>
</tbody>
</table>

- 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

- Well screen installed?  
  - [ ] Yes  
  - [ ] No
- Manufacturer's name:  
- Type:  
- Diameter: [ ] inches  
- Slot size: [ ] inches  
- Set from: [ ] feet to [ ] feet
- Diameter: [ ] inches  
- Slot size: [ ] inches  
- Set from: [ ] feet to [ ] feet
- Gravel packed?  
  - [ ] Yes  
  - [ ] No
- Size of gravel placed from: [ ] feet to [ ] feet
- Surface seal depth: [ ] feet  
- Material used in seal:  
- Cement gravel  
- Puddling clay  
- Well groutings  
- Sealing procedure used:  
- Slurry pit  
- Temporary surface coating  
- Overbore to seal depth:

### 6. LOCATION OF WELL

**Subdivision Name:**  
**Lot No.:**  
**Block No.:**

**County:**

### 7. WATER LEVEL

- Static water level: [ ] 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

### 8. WELL TEST DATA

<table>
<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>
</tbody>
</table>

### 9. LITHOLOGIC LOG

**Hole No.:** 40912

<table>
<thead>
<tr>
<th>Depth From</th>
<th>Depth To</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] feet</td>
<td>[ ] feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. LOCATION OF WELL

**Sketch map location must agree with written location.**

### 11. DRILLERS CERTIFICATION

**Firm Name:**  
**Firm No.:**

**Address:**

**Signed by (Firm Official):**

**Dated:**

**Operator:**

**USE ADDITIONAL SHEETS IF NECESSARY**  
**FORWARD THE WHITE COPY TO THE DEPARTMENT**
**STATE OF IDAHO**
**DEPARTMENT OF WATER RESOURCES**

**WELL DRILLER'S REPORT**

JUN 23 1978

Form 238·7

1. WELL OWNER

- **Name:** Neil Air Huse
- **Address:** Wendell

Owner's Permit No.

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

4. METHOD DRILLED

- Rotary
- Air
- Hydraulic
- Reverse rotary
- Cable
- Dug
- Other

5. WELL CONSTRUCTION

Casing schedule:

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.120</td>
<td>inches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Was casing drive shoe used? Yes
- Was a packer or seal used? Yes
- Perforated? Yes
- How perforated? Factory
- Size of perforation __ inches by __

- Well screen Installed? Yes
- Manufacturer's name
- Type
- Model No.
- Diameter
- Slot size
- Set from
- To
- Diameter
- Slot size
- Set from
- To
- Gravel packed? Yes
- Size of gravel
- Placed from
- To
- Surface seal depth
- Material used in seal: Cement grout
- Puddling clay
- Well cuttings
- Sailing procedure used: Slurry pit
- Temp. surface casing
- Overbore to seal depth
- Method of joining casing: Threaded
- Weld
- Cemented between strata
- Describe access port

6. LOCATION OF WELL

Sketch map location must agree with written location.

7. WATER LEVEL

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

8. WELL TEST DATA

- Discharge G.P.M.
- Pumping Level
- Hours Pumped

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>From</th>
<th>To</th>
<th>Material</th>
<th>Water Ye No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.6</td>
<td>0.3</td>
<td>Top soil</td>
<td></td>
</tr>
<tr>
<td>7/16</td>
<td>1.5</td>
<td>1.2</td>
<td>Gray sand</td>
<td></td>
</tr>
<tr>
<td>6/16</td>
<td>3.4</td>
<td>1.2</td>
<td>Gray sand</td>
<td></td>
</tr>
<tr>
<td>1/16</td>
<td>5.0</td>
<td>1.6</td>
<td>Gray sands</td>
<td></td>
</tr>
</tbody>
</table>

10. Work started 5-7-73 finished 5-23

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. L Eaton
Firm No.: 26
Address: Wendell, 11 Data 6-6-73

Signed by (Firm Official) and (Operator)

**USE ADDITIONAL SHEETS IF NECESSARY -- FORWARD THE WHITE COPY TO THE DEPARTMENT**
REPORT OF WELL DRILLER
State of Idaho

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: H. A. Strickland
Address: Wendell

Owner's Permit No. 10-21876
New well [ ] Deepened [ ] Abandoned [ ]

NATURE OF WORK (check):
- Replacement well [X]
- Abandoned [ ]

Water is to be used for: Irrigation

METHOD OF CONSTRUCTION: Rotary [ ] Cable [X]

Dug [ ] Other [ ]

Casing Schedule:
- Threaded [ ] Welded [ ]

16" Diam. from 0 ft. to 10 ft.
- Diam. from 10 ft. to 20 ft.
- Diam. from 20 ft. to 30 ft.

Thickness of casing: 2 1/2" Material:
- Steel [ ] Concrete [ ] Wood [ ] Other [ ]

(Explain)

PERFORATED? Yes [X] No [ ]

Type of perforator used:

Size of perforations: " by " ft.
- Perforations from 1 ft. to 2 ft.
- Perforations from 2 ft. to 3 ft.
- Perforations from 3 ft. to 4 ft.

AS SCREEN INSTALLED? Yes [ ] No [ ]

Manufacturer's name

Type: [ ] Model No. [ ]

Diam. Slot size [ ] Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes [ ] No [ ]

No. Size of gravel [ ]

Placed from ft. to ft. Surface seal provided? Yes [X] No [ ] To what depth? ft.

Material used in seal:
- Cement base around well [ ]

Did any strata contain unusable water? Yes [X] No [ ]

No. [X] Type of water:

Depth of strata containing water: ft.

Surface casing used? Yes [X] No [ ]

Cemented in place? Yes [X] No [ ]

Locate well in section:

LOCATION OF WELL: County [ ] Gooding

Locate well in section:

Use other side for additional remarks.

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. E. Fain
Address: Wendell

Signed by [ ] License No. [ ]

Date: 8-17-61

MAY 17 1967
# 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Neil Ambruz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Wendell</td>
</tr>
<tr>
<td>Owner's Permit No.</td>
<td></td>
</tr>
</tbody>
</table>

## 2. NATURE OF WORK

- [ ] New well
- [ ] Deepened
- [ ] Replacement
- [ ] Abandoned (describe method of abandoning)

## 3. PROPOSED USE

- [ ] Domestic
- [ ] Irrigation
- [ ] Test
- [ ] Municipal
- [ ] Industrial
- [ ] Stock
- [ ] Waste Disposal or Injection
- [ ] Other (specify type)

## 4. METHOD DRILLED

- [ ] Rotary
- [ ] Air
- [ ] Hydraulic
- [ ] Reverse rotary

## 5. WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Casing schedule</th>
<th>Steel</th>
<th>Concrete</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diameter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] 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

- [ ] Well screen installed?
- [ ] Yes
- [ ] No

- [ ] Manufacturer's name

## 6. LOCATION OF WELL

- [ ] Subdivision Name

## 7. WATER LEVEL

<table>
<thead>
<tr>
<th>Static water level</th>
<th>42 feet below land surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flowing?</td>
<td>Yes</td>
</tr>
<tr>
<td>G.P.M. flow</td>
<td></td>
</tr>
<tr>
<td>Artesian closed-in pressure</td>
<td>p.s.i.</td>
</tr>
</tbody>
</table>

- [ ] Controlled by:
- [ ] Valve
- [ ] Cap
- [ ] Plug

<table>
<thead>
<tr>
<th>Temperature</th>
<th>0°F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td></td>
</tr>
</tbody>
</table>

## 8. WELL TEST DATA

<table>
<thead>
<tr>
<th>Discharge G.P.M.</th>
<th>Pumping Level</th>
<th>Hours Pumped</th>
</tr>
</thead>
</table>

## 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>e 7</td>
<td>Top Soil</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>19</td>
<td>Clay Ledge</td>
<td>No</td>
</tr>
<tr>
<td>17</td>
<td>31</td>
<td>Clay Ledge</td>
<td>No</td>
</tr>
</tbody>
</table>

## 10. Work started 5-22, finished 6-23

## 11. DRILLERS CERTIFICATION

[Signature] (Operator)

**May 21, 1976**

Department of Water Resources

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
1. WELL OWNER

Name: David Fleming
Address: Weavell
Owner's Permit No.

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

4. METHOD DRILLED

- Rotary
- Air
- Hydraulic
- Reverse rotary
- Cable
- Dug
- Other

5. WELL CONSTRUCTION

- Casing schedule
- Steel
- Concrete
- Other

- Diameter
- Slot size
- Setting
- Gravel packed
- Gravel placed
- Surface seal
- Sealing procedure
- Method of joining casing

- Screen Installed
- Manufacturer's name
- Type
- Model No.
- Diameter
- Slot size
- Size of gravel
- Gravel packed
- Surface seal
- Sealing procedure

- Method of joining casing
- Cemented between strata

6. LOCATION OF WELL

- Sketch map location must agree with written location.

- Subdivision Name
- Lot No.
- Block No.
- County

7. WATER LEVEL

- Static water level 75 feet below land surface.
- Flowing?
- Artesian closed-in pressure
- Controlled by:
- Temperature
- Quality

8. WELL TEST DATA

- Hours Pumped
- Pump
- Roller
- Air
- Other

9. LITHOLOGIC LOG

- Department of Water Resources
- Southern District Office

10. Well screen Installed?

- Monitor's name
- Diameter
- Slot size
- Setting
- Surface seal
- Sealing procedure
- Method of joining casing

11. DRILLERS CERTIFICATION

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

- Firm Name: C.B. Esten
- Firm No.
- Address: Weavell, ID
- Date: June 3

- Signed by (Firm Official)
- and (Operator)

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT
WELL DRILLER'S REPORT

WELL OWNER

Name: North Side Canal Company
Address: Jerome, Idaho
Owner's Permit No.

2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Other (specify type)

- Municipal
- Industrial
- Stock
- Waste Disposal or Injection

4. METHOD DRILLED

- Cable
- XX Rotary
- Dug
- Other

5. WELL CONSTRUCTION

- Diameter of hole: 6 inches
- Total depth: 98 feet
- Casing schedule:
  - 250 inches of 6 5/800 inches + 1 foot = 91 9/16 foot
- Thickness: inches
- Diameter: inches
- Number of perforations: inches
- Size of perforation: inches
- Well screen installed?
- Manufacturer's name
- Type
- Diameter: inches
- Slot size: inches
- Manufacturer's name
- Diameter: inches
- Slot size: inches
- Gravel packed?
- Size of gravel
- Placed from: feet to: feet
- Surface seal depth: 18 inches
- Material used in seal
- Cement grout
- Paddling clay
- Well cuttings
- Sealing procedure used
- Barrier pipe
- Temporary surface casing
- Overburden to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.

W
N

Subdivision Name
Lot No. 2 Block No.
County: Gooding

SH NW % Sec. 31 T. 8S N/S 15E BM E/W

7. WATER LEVEL

Static water level: 62 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

8. WELL TEST DATA

Discharge G.P.M.
Draw Down
Hours Pumped

9. LITHOLOGIC LOG

Hole No. Depth Material Water
8 0 1 Top Soil
1 4 Broken Gray Basalt Yes
4 12 Hard Gray Basalt
12 16 Med Hard Brown Basalt
8/6 16 32 Hard Gray Basalt
6 32 41 Hard Gray Basalt w/small break
41 63 Very Gray Basalt
63 63 Med Hard Gray Basalt w/sm. break
45 49 Hard Gray Basalt
69 60 Hard Gray Basalt w/small break
60 65 Hard Gray Basalt /large break
62 80 Med Hard Grayish Brown Basalt
80 89 Hard Gray Basalt
89 95 Hard Gray Basalt /sm. break
95 98 Hard Gray Basalt /lg. break

10. LOCATION OF WELL

Work started: 10/8/76 Finished: 10/9/76

11. DRILLER'S CERTIFICATION

SMITH DRILLING & PUMP CO., INC. Firm No.
Address: 328 N 1st Avenue A
Signed by: (Name)
Operated by: (Name)

USE ADDITIONAL SHEETS IF NECESSARY FORWARD THE WHITE COPY TO THE DEPARTMENT
ILLADOH DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL LOCATION NO. 36-95-5-0179-200

2. OWNER:
Name: Bill Fleming
Address: 140 E. 360 N.
City: Wendell
State: ID Zip: 83355

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

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

<table>
<thead>
<tr>
<th>SEAL/FILTER PACK</th>
<th>AMOUNT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot;</td>
<td>+1</td>
<td>19</td>
<td>Steel</td>
<td></td>
</tr>
</tbody>
</table>

Length of Headpipe 19

9. PERFORATIONS/SCREENS

- Perforations Method: [ ]
- Screens Screen Type: [ ]

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
88 ft below ground
Artesian pressure: [ ]

Depth flow encountered 102 ft. Describe access port or control devices: [ ]

11. WELL TESTS:

- Pump [ ]
- Bailer [ ]
- Air [ ]
- Flowing Artesian [ ]

Yield gpm.: [ ]
Drawdown: [ ]
Pumping Level: [ ]
Time: [ ]

Water Temp: -95°
Bottom hole temp: -95°

Water Quality test or comments: [ ]

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bor.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>2</td>
<td>Top Soil</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>15</td>
<td>Sandy Clay + Gravel</td>
</tr>
<tr>
<td>8</td>
<td>15</td>
<td>24</td>
<td>Gray Lava</td>
</tr>
<tr>
<td>8</td>
<td>24</td>
<td>35</td>
<td>Sandy Clay</td>
</tr>
<tr>
<td>7</td>
<td>35</td>
<td>38</td>
<td>Black Lava</td>
</tr>
<tr>
<td>7</td>
<td>38</td>
<td>46</td>
<td>Gray Lava</td>
</tr>
<tr>
<td>7</td>
<td>46</td>
<td>53</td>
<td>Gray Lava + Broken</td>
</tr>
<tr>
<td>7</td>
<td>53</td>
<td>55</td>
<td>Black Lava</td>
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<tr>
<td>6</td>
<td>55</td>
<td>73</td>
<td>Brown Clay + Black Lava</td>
</tr>
<tr>
<td>6</td>
<td>73</td>
<td>78</td>
<td>Black Lava</td>
</tr>
<tr>
<td>6</td>
<td>78</td>
<td>81</td>
<td>Gray Lava</td>
</tr>
<tr>
<td>6</td>
<td>81</td>
<td>84</td>
<td>Black Lava</td>
</tr>
<tr>
<td>6</td>
<td>84</td>
<td>86</td>
<td>Gray Lava</td>
</tr>
<tr>
<td>6</td>
<td>86</td>
<td>88</td>
<td>Crevice</td>
</tr>
<tr>
<td>6</td>
<td>88</td>
<td>90</td>
<td>Black Lava</td>
</tr>
<tr>
<td>6</td>
<td>90</td>
<td>94</td>
<td>Cinders</td>
</tr>
<tr>
<td>6</td>
<td>94</td>
<td>98</td>
<td>Crevice + No Returns</td>
</tr>
<tr>
<td>6</td>
<td>98</td>
<td>104</td>
<td>Soft Broken</td>
</tr>
<tr>
<td>6</td>
<td>104</td>
<td>111</td>
<td>Med Hard</td>
</tr>
<tr>
<td>6</td>
<td>111</td>
<td>115</td>
<td>Crevice</td>
</tr>
<tr>
<td>6</td>
<td>115</td>
<td>120</td>
<td>Med Hard + Broken</td>
</tr>
<tr>
<td>6</td>
<td>120</td>
<td>121</td>
<td>Crevice</td>
</tr>
<tr>
<td>6</td>
<td>121</td>
<td>123</td>
<td>Soft Broken</td>
</tr>
<tr>
<td>6</td>
<td>123</td>
<td>130</td>
<td>Hard</td>
</tr>
<tr>
<td>6</td>
<td>130</td>
<td>140</td>
<td>Pumping Level</td>
</tr>
</tbody>
</table>

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 Official: [ ]
Date: 8/5/95

Supervisor or Operator: [ ]
Date: 9/25/95

FORWARD WHITE COPY TO WATER RESOURCES
(IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

1. DRILLING PERMIT NO. 36-95-5-0129
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.

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 (Old well)
□ Air Rotary □ Cable □ Mud Rotary □ Other

7. SEALING PROCEDURES
SEAL/FILTER PACK AMOUNT METHOD
Materials From To Seal or Pounds
Bentonite 0-90 266 1/8 Dry
10' Select(40)
5' Select(50)

8. CASING/LINER:

9. PERFORATIONS/SCREENS
□ Perforations Method
□ Screens Screen Type

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
_ft. below ground Artesian pressure _lb.
Depth flow encountered __________ ft. Describe access port or control devices:

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield/gal/min.</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bore</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
</table>

Department of Water Resources
Southern Region

Abandoned All domestic well
New well drilled until above pavment

RECEIVED
OCT 23 1995
Department of Water Resources

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D0023111
2. OWNER:
   Name: Mike Madalena
   Address: 1697 E 3600 S
   City: Wendell
   State: ID
   Zip: 83355
3. LOCATION OF WELL by legal description:
   Sketch map location must agree with written location.
4. USE:
   − Domestic
   − Municipal
   − Monitor
   − Irrigation
   − Thermal
   − Injection
   − Other
5. TYPE OF WORK:
   − New Well
   − Modify
   − Abandonment
   − Other
6. DRILL METHOD:
   − Air Rotary
   − Cable
   − Mud Rotary
   − Other
7. SEALING PROCEDURES:
<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Seal or Pounds</th>
<th>METHOD</th>
</tr>
</thead>
</table>
8. CASING/LINER:
   | Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded | Length of Headpipe | Length of Tailpipe |
9. PERFORATIONS/SCREENS:
   | From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
    | 88 ft. below ground | Artesian pressure |
11. WELL TESTS:
    | Yield gal/min | Drawdown | Pumping Level | Time |
    | Water Temp. | 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 |
    | − Hard lava & cinder pockets X |
13. DRILLER'S CERTIFICATION:
    | Company Name: Eaton Drilling & Pump Service, Inc. |
    | Firm No. 26 |
    | Firm Official: Date: 5/20/2002 |
    | Driller or Operator: Date: 5/20/2002 |
FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D0023111
   DRILLING PERMIT NO.
   Other IDWR No.

2. OWNER:
   Name: Mike Madalena
   Address: 1897 E. 3600 S.
   City: Wendell
   State: ID; Zip: 83355

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

4. USE:
   ☑ Domestic ☑ Municipal ☑ Monitor ☑ Irrigation
   ☑ Thermal ☑ Injection ☑ Other

5. TYPE OF WORK:
   ☑ New Well ☑ Modify ☑ Abandonment ☑ Other (deepen)

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

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Seal/Plug Type</th>
<th>Amount</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Grade</th>
<th>Slips at</th>
<th>Ceiling</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of Holeplug: Length of Tailpipe

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Old Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Ceiling</th>
<th>Liner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

<table>
<thead>
<tr>
<th>88</th>
<th>ft. below ground</th>
<th>Artesian pressure</th>
<th>88</th>
<th>Description of device</th>
</tr>
</thead>
</table>

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Well pH/min</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. LITHOLOGIC LOG:

<table>
<thead>
<tr>
<th>Depth</th>
<th>From (')</th>
<th>To (')</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>X</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>105</td>
<td>115</td>
<td>Soft lave &amp; cinder pockets</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>115</td>
<td>140</td>
<td>Soft lava</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.: 28

Firm Official: Date 5/20/2002

Driller or Operator: Date 5/20/2002

FORWARD WHITE COPY TO WATER RESOURCES
WELL DRILLER’S REPORT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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

Maxim Technologies for Sharp and Smith

Name
Address
Drilling Permit No. 36-91-E-001-307
Water Right Permit No. N/A

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)

3. PROPOSED USE

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

4. METHOD DRILLED

☐ Rotary
☐ Air
☐ Auger
☐ Reverse rotary
☐ Cable
☐ Mud
☐ Other (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other
Thick. Inches Thickness Feet
☐ Inches 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 of perforations
Diameter inches feet
Well screen installed? ☐ Yes ☐ No
Manufacturer
Top Packer or Headpipe
Bottom of Tailpipe

Diameter inches Slot size feet Set from feet to feet
Diameter inches Slot size feet Set from feet to feet
Gravel packed? ☐ Yes ☐ No Size of gravel
Placed from feet to feet

Surface seal depth feet Material used in seal: ☐ Cement grout
☐ Bentonite ☐ Puddling clay
Sealing procedure used: ☐ Slurry pit
☐ Tem. 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.

Subdivision Name
Lot No.
Block No.
County Gooding
Address of Well Site Clear Lake Grade (give at least part of road)

7. WATER LEVEL

Static water level _______ feet below land surface.
Flowing? ☐ Yes ☐ No
G.P.M. flow _______
Artesian closed-in pressure_________ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _______ °F. Quality _______

8. WELL TEST DATA

☐ Pump ☐ Baller ☐ Air ☐ Other

Discharge G.P.M. Pumping Level House Pumped

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Diam.</th>
<th>From</th>
<th>To</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 207</td>
<td></td>
<td>Complete</td>
<td>Hydraulically bentonite</td>
<td></td>
</tr>
</tbody>
</table>

(well No. 4 A)

10. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name
Lot No.
Block No.
County
Address of Well Site

11. DRILLER’S CERTIFICATION

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

Firm Name Maxim Technologies Firm No.
Address PO Box 7777 Boise Date 10/20/96

Signed by Drilling Supervisor

(Operator)
1. WELL TAG NO. D0023111

DRILLING PERMIT NO. _____________

2. OWNER:

Name: Mike Madalena
Address: 1697 E. 3600 S.
City: Wendell
ID: Sp 83335

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

4. USE:

- Domestic
- Municipal
- Irrigation
- Other

5. TYPE OF WORK:

- New Well
- Abandonment
- Other

6. DRILL METHOD:

- Air Rotary
- Cable
- Other

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Seal/Fiber Pack</th>
<th>Amount</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
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8. CASING/LINER:

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<tr>
<th>Diameter</th>
<th>Front</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing Line</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of Happipe: Length of Tailpipe

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>Screen</th>
<th>Method</th>
<th>Screen Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Front</th>
<th>To</th>
<th>Bore Size</th>
<th>Inclination</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

88 ft. below ground

9. Describe access ports or control devices

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield g/min</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Temp. <85
Bottom hole temp. <85

Water Quality test or comments:

12. LITHOLOGIC LOG:

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Remote Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>

13. DRILLER'S CERTIFICATION:

Eaton Drilling & Pump Service, Inc.

Forward White Copy to Water Resources
**STATE OF IDAHO**
**DEPARTMENT OF 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.

---

### 1. WELL OWNER
**Name:** McCarter, Tullar, Chronic, Inc.
**Address:** 707 N. 27th St., Boise, ID 83702

### 2. NATURE OF WORK
- [ ] New well
- [ ] Deepened
- [ ] Replacement
- [ ] Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

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

### 4. METHOD DRILLED
- [ ] Rotary
- [ ] Air
- [ ] Hydraulic
- [ ] Reverse rotary
- [ ] Cable
- [ ] Dug
- [ ] Other

### 5. WELL CONSTRUCTION
- **Casing Schedule:**
  - Steel
  - Concrete
  - Other
  - PVC
  - Other

- **Thickness:**
  - Inches
  - Inches + 0.91 feet
  - 207.9 feet

- **Diameter:**
  - From
  - To

- **Was casing drive shoe used?**
  - [ ] Yes
  - [ ] No

- **Was a packer or seal used?**
  - [ ] Yes
  - [ ] No

- **How perforated?**
  - Factory
  - Knife
  - Torch
  - Gun

- **Size of perforation:**
  - Inches
  - Inches
  - Inches
  - Inches
  - From
  - To

- **Number of perforations:**
  - Feet
  - Feet
  - Feet
  - Feet

- **Well screen installed?**
  - [ ] Yes
  - [ ] No

- **Manufacturer's name:** Aardvark
- **Type:** PVC
- **Model No.:**

- **Diameter:**
  - From
  - To

- **Slot size:**
  - Set from 1/8 feet to 201.2 feet

- **Gravel packed?**
  - [ ] Yes
  - [ ] No

- **Placed from:**
  - 168 feet
  - 207.5 feet

- **Surface seal depth:**
  - 168 feet

- **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:**
  - 5" metal monument with padlock

### 6. LOCATION OF WELL

- **Sketch map location must agree with written description.**

### 7. WATER LEVEL
- **Static water level:** 178.5 feet below land surface.
- **Flowing?**
  - [ ] Yes
  - [ ] No
  - G.P.M.: flow

- **Artesian closed-in pressure:**
  - p.s.i.

- **Controlled by:**
  - Valve
  - Cap
  - Plug

- **Temperature:**
  - C.P.
  - Quality

### 8. WELL TEST DATA
- **Type of Test:**
  - Pump
  - Beller
  - Air
  - Other

- **Discharge G.P.M:**
  - N/A

- **Pumping Level:**
  - Hours Pumped
  - N/A

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore</th>
<th>Depth</th>
<th>Material</th>
<th>Water Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot;</td>
<td>0.5</td>
<td>Silty clay</td>
<td>SAND</td>
</tr>
<tr>
<td>8&quot;</td>
<td>2.6</td>
<td>BASALT, dark gray</td>
<td>x</td>
</tr>
<tr>
<td>8&quot;</td>
<td>6.1</td>
<td>BASALT, dark brown</td>
<td>x</td>
</tr>
<tr>
<td>8&quot;</td>
<td>10.2</td>
<td>BASALT, brown weathered</td>
<td>x</td>
</tr>
<tr>
<td>8&quot;</td>
<td>18.1</td>
<td>Silty GRAVEL with Sand</td>
<td>x</td>
</tr>
<tr>
<td>8&quot;</td>
<td>19.2</td>
<td>Silty SAND with Gravel</td>
<td>x</td>
</tr>
</tbody>
</table>

(CNI: Well No. NW-40)

**RECEIVED**
**MAY 22, 1991**

**NORTHERN REGION OFFICE**

**RECEIVED**
**MAY 8, 1991**

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
### WELL OWNER

**Name:** Maxmin Technologies for Sheppard Smith  
**Address:** 707 N 27th Blvd, ID 83701  
**Drilling Permit No.:** 36-91-2-C-001-306  
**Water Right Permit No.:** N/A

### NATURE OF WORK

- **Previous:** 36-91-C-001-006  
- **Options:**  
  - New well  
  - Deepened  
  - Replacement  
  - Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

### PROPOSED USE

- **Options:**  
  - Domestic  
  - Irrigation  
  - Stock  
  - Industrial  
  - Monitor  
  - Waste Disposal or Injection  
  - Other (specify type)

### METHOD DRILLED

- **Options:**  
  - Rotary  
  - Air  
  - Auger  
  - Reverse rotary  
  - Cable  
  - Mud  
  - Other (backhoe, hydraulic, etc.)

### WELL CONSTRUCTION

- **Casing schedule:**  
  - **Steel**  
  - **Concrete**  
  - **Other**  
  - **Thickness Diameter From To**  
  - **Inches**  
  - **Inches**  
  - **Feet**  
  - **Feet**  

- **Was casing drive shoe used?**  
  - Yes  
  - No

- **Was a packer or seal used?**  
  - Yes  
  - No

- **How perforated?**  
  - Factory  
  - Knife  
  - Torch  
  - Gun

- **Size of perforation?**  
  - **Inches by Inches**  
  - **Number of perforations From To**  
  - **Feet**  
  - **Feet**  

- **Well screen installed?**  
  - Yes  
  - No

- **Manufacturer**  
  - **Type**

- **Top Packer or Headpipe Diameter Slot size Set from Set to**  
- **Bottom of Tailpipe Diameter Slot size Set from Set to**  

- **Gravel packed?**  
  - Yes  
  - No  
  - **Size of gravel**

- **Placed from to**  
  - **Feet**

- **Surface seal depth**  
  - **Material used in seal:**  
  - **Cement grout**  
  - **Bentonite**  
  - **Puddling clay**

- **Sealing procedure used:**  
  - **Sturty pit**  
  - **Temp. surface casing**  
  - **Overbore to seal depth**

- **Method of joining casing:**  
  - **Threaded**  
  - **Welded**  
  - **Solvent Weld**  
  - **Cemented between strata**

- **Describe access port**

### LOCATION OF WELL

- **Subdivision Name**
- **Lot No.**
- **Block No.**
- **County**
- **Address of Well Site**

### WATER LEVEL

- **Static water level**
- **feet below land surface**

### WELL TEST DATA

- **Discharge G.P.M.**
- **Pumping Level**
- **Hours Pumped**

### LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Depth</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>169</td>
<td>Concrete</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Well #36-MW-45.***

### DRILLER'S CERTIFICATION

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

- **Firm Name:** Maxmin Technologies  
  - **Firm No.:**
- **Address:** PO Box 7777  
  - **Bus. No.:**  
  - **Date:** 10/30/96

Signed by Drilling Supervisor:  

(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
WELL DRILLER'S REPORT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

1. WELL OWNER Chen-Northern (Boise) for:
   Name: McCarter, Tuller, Chronic, Inc.
   Address: 707 N. 27th St., Boise, ID 83702
   Drilling Permit No. 36-91-6-001-0002
   Water Right Permit No. N/A

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

3. PROPOSED USE
   Domestic: ☐
   Irrigation: ☐
   Test: ☐
   Municipal: ☐
   Industrial: ☐
   Stock: ☐
   Waste disposal or injection: ☐
   Other monitoring (specify type): ☐

4. METHOD DRILLED
   Rotary: ☐
   Air: ☐
   Hydraulic: ☐
   Dug: ☐
   Other: ☐

5. WELL CONSTRUCTION
   Casing schedule: Steel: ☐
   Concrete: ☐
   Other PVC: ☐
   Type 4′′ PVC:
   Diameter: 4′′
   Slot size: 0.2″
   Material: Topsoil
   Diameter: 4′′
   Slot size: 0.2″
   Material: Silty SAND
   Diameter: 8′′
   Slot size: 0.2″
   Material: BASALT, dark gray
   Diameter: 8′′
   Slot size: 0.2″
   Material: BASALT, brown

6. LOCATION OF WELL
   Sketch map location must agree with well log.
   Subdivision Name: MACROFILMED
   Lot No.: 9
   Block No.: 14
   County: GANNING
   NE x NE x Sec. 9, T. 9 S., R. 14

7. WATER LEVEL
   Static water level: 80.3 feet below land surface.
   Flowing: ☐
   No G.P.M. flow: ☐
   Artesian closed-in pressure: ☐
   Controlled by: Valve: ☐
   Cap: ☐
   Plug: ☐
   Temperature cold: ☐
   Quality:
   Artesian or temperature zones below:
   Description:

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

9. LITHOLOGIC LOG
   Depth: x
   Material: Topsoil
   Water Right 04/12/77
   Firm Name: Chen-Northern
   Firm No.: 459
   Address: P.O. Box 7777, Boise, ID 83702
   Date: 4-10-91
   Signed by (Firm Official) and (Operator):

10. Work started: 3-27-91
    Finished: 4-1-91

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: P.O. Box 7777, Boise, ID 83702
    Date: 4-10-91
STATE OF IDAHO
DEPARTMENT OF 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.

WELL OWNER: Chen-Northern (Boise)

Name: McCarter, Tuller, Chronic, Inc.
Address: 207 N. 27th St., Boise, ID 83702
Drilling Permit No.: 36-91-2-001-O03
Water Right Permit No.: N/A

1. LOCATION OF WELL
[Map not shown]

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

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

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

5. WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Casing schedule:</th>
<th>Steel</th>
<th>Concrete</th>
<th>Other PVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thickness</td>
<td>Inches</td>
<td>Inches</td>
<td>Inches</td>
</tr>
<tr>
<td>Diameter</td>
<td>inches</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>From    To</td>
<td>feet</td>
<td>feet</td>
<td>feet</td>
</tr>
</tbody>
</table>

Was casing drive shoe used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
Was perforated? ☐ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation: Inches by inches

Number of perforations from feet to feet

Well screen installed? ☐ Yes ☐ No
Manufacturer's name: Aardvark

Type 4" PVC
Model No.

Diameter 4" Slot size 512 Set from 25.0 feet to 249.0 feet
Diameter 4" Slot size 512 Set from 25.0 feet to 249.0 feet
Gravel packed? ☐ Yes ☐ No
Size of gravel -174"
Gravel placed from 190 feet to 400 feet
Surface seal depth 190
Material used in seal: ☐ Cement grout

Bentonite
☐ Padding clay

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

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 location.

[Map not shown]

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.
Temperature cold. Quality

Describe artesian or temperature zones below.

8. WELL TEST DATA

Discharge G.P.M. Pumping Level Hours Pumped
☐ Pump ☐ Baller ☐ Air ☐ Other
N/A

9. LITHOLOGIC LOG

075821

<table>
<thead>
<tr>
<th>Depth Bore Material</th>
<th>Water Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot; 0.5 Topsoil</td>
<td>X</td>
</tr>
<tr>
<td>8&quot; 1.5 3.5 Clayey SAND</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 5.6 6.0 Silty to Clayey SAND</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 6.5 6.7 BASALT, dark gray</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 6.7 2105 BASALT, brown, weathered</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 105 124 BASALT, grey brown</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 124 152 BASALT, grey</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 132 152 BASALT, brown</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 148 172 BASALT, gray to black</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 173 245 Silty GRAVEL with Sand</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 245 263 Silty SAND with Gravel</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 263 320 SANDSTONE</td>
<td>x</td>
</tr>
<tr>
<td>8&quot; 120 400 Silty SAND with Gravel</td>
<td>x</td>
</tr>
</tbody>
</table>

(CNI Well No. MW-2)

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) and (Operator)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
# WELL DRILLER'S REPORT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

## 1. WELL OWNER

**Name:** West End Vet Clinic  
**Address:** Butl

**Owner's Permit No.:**

## 2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

## 3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

## 4. METHOD DRILLED

- Rotary
- Cable
- Air
- Dug
- Other

## 5. WELL CONSTRUCTION

- Casing schedule: Steel, Concrete, Other
  - Thickness: inches
  - Diameter: inches
  - From: feet
  - To: feet
  - Feet

- Was casing drive shoe used? Yes
- Was a packer or seal used? Yes
- Perforated? Yes
  - How perforated? Factory
  - Size of perforation: inches by inches
  - Number of perforations: From to
  - feet
  - perforations
  - feet
  - perforations
  - feet

- Well screen installed? Yes
- Manufacturer's name
- Type
- Diameter: inches
- Slot size: inches
- Set from: feet
to: feet
- Gravel packed? Yes
- Size of gravel: inches
- Placed from: feet
to: feet

- Surface seal depth: inches
- Material used in seal: Cement grout

- Sealing procedure used: Slurry pit

- Method of joining casing: Threaded, Welded, Solvent

- Describe access port

## 6. LOCATION OF WELL

- Sketch map location must agree with written location.

## 7. WATER LEVEL

- Static water level: 20 feet below land surface
- Artesian closed-in pressure: p.s.i.
- Controlled by: Valve, Cap, Plug

## 8. WELL TEST DATA

- Discharge G.P.M.
- Pumping Level
- Hours Pumped

## 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole Diameter</th>
<th>Depth</th>
<th>Material</th>
<th>Water Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 1/2&quot; Top Seal</td>
<td>10 6&quot;</td>
<td>Gray</td>
<td>Yes</td>
</tr>
<tr>
<td>7 6/8&quot; Red</td>
<td>12 6/8&quot;</td>
<td>Gray</td>
<td>Yes</td>
</tr>
<tr>
<td>8 6/8&quot; Red</td>
<td>14 6/8&quot;</td>
<td>Gray</td>
<td>Yes</td>
</tr>
<tr>
<td>10 6/8&quot; Red</td>
<td>16 6/8&quot;</td>
<td>Gray</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## 10. Work

- Work started: May 30
- Finished: July 20

## 11. DRILLER'S 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  
**Address:** Wendell

**Signed by:** (Firm Official)  
**Operator:**

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER:

Name: McCarter, Tuller, Chronic, Inc.
Address: 707 N. 27th St., Boise, ID 83702
Drilling Permit No. 36-91-2-001-002
Water Right Permit No. N/A

2. NATURE OF WORK:

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

3. PROPOSED USE:

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

4. METHOD DRILLED:

☐ Rotary  ☐ Air  ☐ Hydraulic  ☐ Reverse rotary
☐ Cable  ☐ Dug  ☐ Other

5. WELL CONSTRUCTION:

Casing schedule:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Thickness</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>4&quot; 3</td>
<td>inches</td>
<td>1.26 feet</td>
<td>105 feet</td>
</tr>
<tr>
<td>6&quot; 3</td>
<td>inches</td>
<td>1.26 feet</td>
<td>105 feet</td>
</tr>
<tr>
<td>8&quot; 3</td>
<td>inches</td>
<td>1.26 feet</td>
<td>105 feet</td>
</tr>
<tr>
<td>9&quot; 3</td>
<td>inches</td>
<td>1.26 feet</td>
<td>105 feet</td>
</tr>
</tbody>
</table>

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 of perforations per inch

Well screen installed? ☐ Yes ☐ No
Manufacturer’s name Aardvark
Type 4" PVC Model No.
Diameter 4" Slot size .025 in. from 80 feet to 100 feet
Diameter 6" Slot size 4" from 80 feet to 105 feet
Gravel packed? ☐ Yes ☐ No Size of gravel 1/2" to 3/4"
Gravel placed from 60 feet to 105 feet
Surface seal depth 60 feet Material used in seal: Cement grout
Cap Bentonite Puddling clay
Sealing procedure used: Slurry pit Temp. Surface casing
Method of joining casing: Threaded Welded Solvent Weld
Describe access port 6" steel monument with padlock

6. LOCATION OF WELL:

Sketch map location must agree with written location.

Subdivision Name
Lot No.
Block No.

7. WATER LEVEL:

Static water level 87.6 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.

8. WELL TEST DATA:

☐ Pump ☐ Bailer ☐ Air ☐ Other
Discharge G.P.M. Pumping Level Hours Pumped
N/A

9. LITHOLOGIC LOG:

<table>
<thead>
<tr>
<th>Bore Diameter</th>
<th>Material</th>
<th>Water Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 3 9</td>
<td>Silt sand</td>
<td>x</td>
</tr>
<tr>
<td>8 3</td>
<td>69.1 BASALT. dark grey.</td>
<td>x</td>
</tr>
<tr>
<td>8 3</td>
<td>69.105 BASALT. brown. severely weathered</td>
<td>x</td>
</tr>
</tbody>
</table>

10. Work started 3-26-91 finished 3-27-91

11. DRILLERS CERTIFICATION:

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

Firm Name: Chen-Northern
Firm No.: 439
Address: 7777 W. Boise, Date: 3-10-91
Signed by (Firm Official) and (Operator)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER

Chen-Northern (Boise) for:

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

2. NATURE OF WORK

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

3. PROPOSED USE

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

4. METHOD DRILLED

☐ Rotary   ☐ Air   ☐ Hydraulic   ☐ Reverse rotary
☐ Cable   ☐ Dug   ☐ Other

5. WELL CONSTRUCTION

Casing schedule:

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter From</th>
<th>Diameter To</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td></td>
</tr>
<tr>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td></td>
</tr>
<tr>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td></td>
</tr>
</tbody>
</table>

Was casing drive show used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☐ Yes ☐ No
How perforated? ☐ Factory ☐ Knife. ☐ Torch ☐ Gun
Size of perforation inches
Number of perforations
Well screen installed? ☐ Yes ☐ No
Manufacturer’s name Aardvark
Type 4” PVC    Model No.

6. LOCATION OF WELL

Sketch map location must agree with water well control map.

Subdivision Name: May 03 1982
Lot No.: Block No.
County: Gooding
Sec. 4 NE 8 Sec. 1 T. 9 S B. 14 E

7. WATER LEVEL

Static water level 196 feet below land surface.
Flowing? ☐ Yes ☐ No
G.P.M. flow
Artesian closed-in pressure
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature cold of. Quality
 Describe artesian or temperature zones below.

8. WELL TEST DATA

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

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>0</td>
<td>8”</td>
</tr>
<tr>
<td>8”</td>
<td>9 1/2”</td>
</tr>
<tr>
<td>9 1/2”</td>
<td>13”</td>
</tr>
<tr>
<td>13”</td>
<td>31 1/2”</td>
</tr>
<tr>
<td>31 1/2”</td>
<td>107”</td>
</tr>
<tr>
<td>107”</td>
<td>116”</td>
</tr>
<tr>
<td>116”</td>
<td>137”</td>
</tr>
<tr>
<td>137”</td>
<td>150”</td>
</tr>
<tr>
<td>150”</td>
<td>170”</td>
</tr>
<tr>
<td>170”</td>
<td>191”</td>
</tr>
<tr>
<td>191”</td>
<td>276”</td>
</tr>
<tr>
<td>276”</td>
<td>280”</td>
</tr>
</tbody>
</table>

(CNI Well No. MW-1D)

10. DRILLERS CERTIFICATION

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

Firm Name: Chen-Northern    Firm No.: 459
Address: PO Box 7777, Boise Date: 5-10-91
Signed by: (Firm Official)    (Operator)
1. WELL TAG NO.  D0016518
   DRILLING PERMIT NO. ____________________________
   Other IDWR No. ____________________________

2. OWNER:
   Name ____________________________
   Address ____________________________
   City ____________________________
   State ____________________________
   Zip ______________

3. LOCATION OF WELL by legal description:
   Sketch map location must agree with written location.
   Section ____________________________
   Township ____________________________
   Range ____________________________
   Government ____________________________
   City ____________________________
   County ____________________________
   Address of Well Site ____________________________
   City ____________________________
   County ____________________________
   Address of well site south of above ____________________________

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:

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Seal/Filter Pack</th>
<th>Amount</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0</td>
<td>19</td>
<td>200 lbs.</td>
<td>dry pour</td>
<td></td>
</tr>
</tbody>
</table>

   Was drive shoe used? □ Y [N]  Shoe Depth(s) ____________________________
   Was drive shoe seal tested? □ Y [N]  How? ____________________________

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gages</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>+1</td>
<td>19</td>
<td>250</td>
<td>steel</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Length of Headpipe 1  Length of Tailpipe ____________________________

9. PERFORATIONS/SCREENS:

   □ Perforations  Method ____________________________
   □ Screens  Screen Type ____________________________

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
</table>

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 | Bailer | 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)

    | Water | Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature |
    |------|----------|------|----|-----------------------------------------------|
    | 8    | 0        | 8    | top soil & cinders |
    | 8    | 8        | 19   | medium hard lava |
    | 6    | 19       | 23   | medium lava |
    | 6    | 22       | 30   | broken lava, Cinders & tacle |
    | 6    | 30       | 32   | cinders |
    | 6    | 32       | 40   | soft lava & broken |
    | 6    | 40       | 46   | medium lava |
    | 6    | 48       | 53   | soft lava |
    | 6    | 53       | 56   | cinders & tacle |
    | 6    | 58       | 59   | soft lava & broken |
    | 6    | 59       | 80   | cinders, tacle & broken |
    | 6    | 80       | 83   | medium soft lava |
    | 6    | 83       | 90   | medium lava |
    | 6    | 90       | 100  | soft lava |
    | 6    | 100      | 103  | broken, soft lava & cinders |

   Water Temperature: ____________________________  Water Quality: ____________________________

<table>
<thead>
<tr>
<th>Y N</th>
<th>Water Quality</th>
<th>Temperature</th>
</tr>
</thead>
</table>

   REEVEIL
   SEP 2 4 2001
   Department of Water Resources
   Southern Region

   OCT 3 2001
   Water Resources Engineer
   Water Resources Engineer

   8/14/2001
   Completed Depth 105' (Measurable)
   Date Started 8/14/2001  Completed 8/14/2001

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 Services, Inc.
   Firm No. 26
   Firm Official ____________________________
   Date 9/6/01
   Driller or Operator ____________________________
   Date 9/6/01
   Helper ____________________________
   Sign once if Field Official & Operator

FORWARD WHITE COPY TO WATER RESOURCES
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

2. OWNER:
   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. 14 East Sec. 1
   Rge. 9 North Lot ______ 
   Gov't Lot ______
   Inspected by ______ _
   Twp __ Rge __ Sec __
   __ 1/4 __ 1/4 __ 1/4
   Lat. __ Long; __
   OAir
   OBaiier
   Drawdown
   Office Use Only
   Well ID No.
   Inspected by
   Twp __ Rge __ Sec __
   __ 1/4 __ 1/4 __ 1/4
   Lat. : : Long: :
   OAir
   OBaiier
   Drawdown
   Office Use Only

12. WELL TESTS:
   Pump
   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
   Remarks: Lithology, Water Quality & Temperature
   Y N
   8" 0 9 Topsoil
   9 18 Gray basalt
   X
   6" 18 63 Gray basalt
   63 84 Fractured, lost
   circulation
   X
   84 89 Crevice
   X
   89 94 Fractured basalt
   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"
   RECEIVED
   JUL 14 2004
   Department of Water Resources
   Southern Region
   [Signature]

14. DRILLER'S CERTIFICATION
   I 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 ______
   Date 7-12-04
   Driller or Operator II ______
   Date 7-12-04
   Operator I ______
   Date 7-12-04
   Principal Driller and/or Operator I Acquired.
   Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D
DRILLING PERMIT NO. 819855; ID 390523; App 883718
Water Right or Injection Well No.

2. OWNER: Jeff Ashmead
Name ____________________________
Address ____________________________
City Wendell __________ State ID 83355

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. __________ Rge. __________ Sec. __________

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

<table>
<thead>
<tr>
<th>Seal Material</th>
<th>From</th>
<th>To</th>
<th>Weight/Volume</th>
<th>Seal Placement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>102</td>
<td>-1</td>
<td>44 ft</td>
<td>Poured</td>
</tr>
<tr>
<td>Cement</td>
<td>-1</td>
<td>0</td>
<td></td>
<td>Poured</td>
</tr>
</tbody>
</table>

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

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Laser</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>6'</td>
<td></td>
<td></td>
<td></td>
<td>Steel</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Barrier</th>
</tr>
</thead>
</table>

10. FILTER PACK
Filter Material ____________________________
From | To | Weight/Volume | Placement Method |

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

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

<table>
<thead>
<tr>
<th>Yield gal/min.</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

Water Temp. ____________ Bottom hole temp. ____________
Water Quality test or comments: ____________________________

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Sone</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Water Temp.</th>
<th>Bottom hole temp.</th>
</tr>
</thead>
</table>

ABANDONMENT

Old well had pumped dry and was inside a building.
Old well was filled from 102 ft with 44 sacks of bentonite to -1 ft. A 1 ft cement plug was poured on top of bentonite.

RECEIVED
JUL 14 2004
Department of Water Resources Southern Region

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
Firm No. 31

Principal Driller Arnold Eising Date 7-13-04
and
Driller or Operator II ____________________________ Date _______
Operator I ____________________________ Date 7-13-04

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

FORWARD WHITE COPY TO WATER RESOURCES
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER

Name: Ms. Owens
Address: Bufi
Owner's Permit No.

2. NATURE OF WORK

□ New well □ Deepened □ Replacement
□ Abandoned (describe method of abandoning)

3. PROPOSED USE

□ Domestic □ Irrigation □ Test □ Municipal
□ Industrial □ Stock □ Waste Disposal or Injection
□ Other

4. METHOD DRILLED

□ Rotary □ Air □ Hydraulic □ Reverse rotary
□ Cable □ Dug □ Other

5. WELL CONSTRUCTION

Casing schedule: □ Steel □ Concrete □ Other

<table>
<thead>
<tr>
<th>Material</th>
<th>Water No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

6. NATURE OF HOLE

Sealing procedure used: D Slurry pit O Temp. surface casing
Surface seal depth: Placed from ______ feet to ______ feet
Gravel packed?: □ Yes □ No
Type Model No.
Diameter __ Slot size __ Set from ___ feet to ___ feet
Well screen installed?: □ Yes □ No
Manufacturer's name

7. WATER LEVEL

Static water level 10 feet below land surface.
Flowing? □ Yes □ No □ G.P.M. flow
Artesian closed-in pressure: p.s.i.
Controlled by: □ Valve □ Cap □ Plug
Temperature °F. Quality

8. WELL TEST DATA

□ Pump □ Bailer □ Air □ Other

<table>
<thead>
<tr>
<th>Discharge G.P.M.</th>
<th>Pumping Level</th>
<th>Hours Pumped</th>
</tr>
</thead>
</table>

9. LITHOLOGIC LOG

861.57

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth From</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. WORK STARTED

□ April 28

11. DRILLER'S CERTIFICATION

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

Firm Name: O'Brien
Address: Wendell, ID
Date: 6-23-91

Signed by (Firm Official) and (Operator)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
1. WELL OWNER

Name: Clear Springs Trout Co.
Address: P.O. Box 712, Buhl, ID 83316
Drilling Permit No: 35-92-5-013
Water Right Permit No: 

2. NATURE OF WORK

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

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

4. METHOD DRILLED

- Rotary
- Air
- Hydraulic
- Reverse rotary
- Cable
- Dug
- Other

5. WELL CONSTRUCTION

Casing schedule: 

<table>
<thead>
<tr>
<th>Material</th>
<th>8 ft</th>
<th>18 ft</th>
<th>24 ft</th>
<th>30 ft</th>
<th>36 ft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diameter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slot size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gravel packed? 

Surface seal depth: 41 feet

Sealing procedure used:
- Slurry pit
- Temp. surface casing
- Overbore to seal depth

Method of joining casing: 

- Threaded
- Welded
- Solvent
- Cemented between strata

Describe access port: 

Weld Cap

6. LOCATION OF WELL

Sketch map location must agree with written location.

- Subdivision Name
- County: Gooding
- Lot No.: __ Block No.: __

7. WATER LEVEL

Static water level 62 feet below land surface.

Flowing? 
- Yes
- No

Artesian closed-in pressure: ___ p.s.i.

Controlled by: 
- Valve
- Cap
- Plug

Temperature: ___ OF.

Quality:

Describe artesian or temperature zones below:

8. WELL TEST DATA

- Pump
- Bailer
- Air
- Other

Discharge G.P.M.: __________ Pumping Level: __________ Hours Pumped: __________

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Depth</th>
<th>Material</th>
<th>Water No</th>
</tr>
</thead>
<tbody>
<tr>
<td>From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0' 10'</td>
<td>Sand &amp; Gravel</td>
<td>X</td>
</tr>
<tr>
<td>10' 30'</td>
<td>Broken lava</td>
<td>x</td>
</tr>
<tr>
<td>30' 40'</td>
<td>Lava</td>
<td>x</td>
</tr>
<tr>
<td>40' 50'</td>
<td>Lava</td>
<td>x</td>
</tr>
<tr>
<td>50' 55'</td>
<td>Red cinders &amp; clay</td>
<td>x</td>
</tr>
<tr>
<td>55' 60'</td>
<td>Gravel &amp; clay</td>
<td>x</td>
</tr>
<tr>
<td>60' 70'</td>
<td>Brown &amp; white clay</td>
<td>x</td>
</tr>
<tr>
<td>70' 78'</td>
<td>Gravel &amp; clay</td>
<td>x</td>
</tr>
<tr>
<td>78' 85'</td>
<td>Gray clay</td>
<td>x</td>
</tr>
<tr>
<td>85' 97'</td>
<td>Cinders &amp; gravel</td>
<td>x</td>
</tr>
<tr>
<td>97' 102'</td>
<td>Gray clay &amp; cinders</td>
<td>x</td>
</tr>
<tr>
<td>102' 135'</td>
<td>Gray clay</td>
<td>x</td>
</tr>
<tr>
<td>135' 140'</td>
<td>Sand</td>
<td>x</td>
</tr>
</tbody>
</table>

10. LOCATION OF WELL

Sketch map location must agree with written location.

- Subdivision Name: __
- Firm Name: Elzing Drilling
- Firm No: 31

11. DRILLERS CERTIFICATION

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

- Firm Name: Elzing Drilling
- Firm No: 31
- P.O. Box 919
- Address: Twin Falls, ID 83301
- Date: 1-23-92
- Signed by: (Firm Official) and (Operator)
1. WELL OWNER

Name: Clear Springs Trout Co.
Address: P.O. Box 712, Buhl, ID 83316
Drilling Permit No.: 36-32-S-013

2. NATURE OF WORK

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

3. PROPOSED USE

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

4. METHOD DRILLED

☐ Rotary  ☐ Air  ☐ Hydraulic  ☐ Reverse rotary  
☐ Cable  ☐ Dug  ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel  ☐ Concrete  ☐ Other (specify type)

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Sand &amp; Gravel</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Broken Lava</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Lava</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Red Cinders &amp; Clay</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Gravel &amp; Clay</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Brown &amp; White Clay</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Cinders &amp; Gravel</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Gray Clay</td>
</tr>
<tr>
<td>6-3/8 inches</td>
<td>1 feet</td>
<td>41 feet</td>
<td>Sand</td>
</tr>
</tbody>
</table>

6. LOCATION OF WELL

Sketch map location must agree with written location.

7. WATER LEVEL

Static water level 42 feet below land surface.
Flowing? ☐ Yes  ☐ No  G.P.M. flow
Artesian closed-in pressure p.s.i.
Controlled by: ☐ Valve  ☐ Cap  ☐ Plug
Temperature °F. Quality
Describe artesian or temperature zones below.

8. WELL TEST DATA

Discharge G.P.M.  Pumping Level  Hours Pumped

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 18 Sand &amp; Gravel</td>
<td>x</td>
</tr>
<tr>
<td>0 30 Broken Lava</td>
<td>x</td>
</tr>
<tr>
<td>0 40 Lava</td>
<td>x</td>
</tr>
<tr>
<td>0 50 Red Cinders &amp; Clay</td>
<td>x</td>
</tr>
<tr>
<td>0 60 Gravel &amp; Clay</td>
<td>x</td>
</tr>
<tr>
<td>0 70 Brown &amp; White Clay</td>
<td>x</td>
</tr>
<tr>
<td>0 80 Gray Clay</td>
<td>x</td>
</tr>
<tr>
<td>0 85 Cinders &amp; Gravel</td>
<td>x</td>
</tr>
<tr>
<td>0 90 Gray Clay &amp; Cinders</td>
<td>x</td>
</tr>
<tr>
<td>0 100 Gray Clay</td>
<td>x</td>
</tr>
<tr>
<td>0 120 Sand</td>
<td>x</td>
</tr>
</tbody>
</table>


11. DRILLERS CERTIFICATION

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

Firm Name: Elsinger Drilling  Firm No. 31
P.O. Box 919
Address: Twin Falls, ID 83301
Date: 1-23-92

Signed by (Firm Official)  (Operator)
1. DRILLING PERMIT NO. 47-94-5-0158-000
Other IDWR No. 

2. OWNER:
Name: Jack Dietman
Address: 3069 Box 22
City: Sun Valley
State: ID
Zip: 83353

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

4. PROPOSED USE: 
   - Domestic
   - Municipal
   - Monitor
   - Irrigation

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

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

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>Amount</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>0/18</td>
<td>Dowel Dry</td>
</tr>
</tbody>
</table>

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

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 1/2</td>
<td>72</td>
<td>2 5/8</td>
<td>Steel</td>
<td>20</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

   Length of Headpipe: __________
   Length of Tailpipe: __________

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

11. WELL TESTS:


<table>
<thead>
<tr>
<th>Yield gal/min.</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bed No.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>2</td>
<td>Brown Sand</td>
</tr>
<tr>
<td>2</td>
<td>1/4</td>
<td>1</td>
<td>Loose Beaver Marsh Sand</td>
</tr>
<tr>
<td>4</td>
<td>11-50</td>
<td>14-50</td>
<td>Brown Clay Laid Sand</td>
</tr>
<tr>
<td>5</td>
<td>50-90</td>
<td>7</td>
<td>Gravel/2 Sand</td>
</tr>
</tbody>
</table>

RECEIVED
OCT 2 8 1994

Department of Water Resources

RECEIVED
OCT 1 8 1994

Department of Water Resources

May 8 1995

Completed Depth: __________ (Measurable)
Completed Date: __________

13. DRILLER'S CERTIFICATION

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

   Firm Name: __________
   Firm No.: __________

   Firm Official: __________
   Date: __________

   Supervisor or Operator: __________
   Date: __________

   (Sign here if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D 0023256
DRILLING PERMIT NO. 
Other IDWR No. 

2. OWNER: J. David Erickson
Address 1445 River Road
City Buhl

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

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Form</th>
<th>To</th>
<th>Amount</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>5</td>
<td>20</td>
<td>3</td>
<td>Poured</td>
</tr>
</tbody>
</table>

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Length of Casing</th>
<th>Length of Liner</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot;</td>
<td>117</td>
<td>259</td>
</tr>
</tbody>
</table>

9. PERFORATIONS/SCREENS

<table>
<thead>
<tr>
<th>Screen Type</th>
<th>Method</th>
</tr>
</thead>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

<table>
<thead>
<tr>
<th>Depth</th>
<th>Artesian pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 ft.</td>
<td>50 lb.</td>
</tr>
</tbody>
</table>

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Pump</th>
<th>Bailer</th>
<th>Air</th>
<th>Flowing Artesian</th>
</tr>
</thead>
</table>

12. LITHOLOGIC LOG: (Describe repairs or abandonmen)

<table>
<thead>
<tr>
<th>Layer</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot;</td>
<td>0</td>
<td>6</td>
<td>Sandy topsoil</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>6</td>
<td>Sand &amp; boulders</td>
</tr>
<tr>
<td>59</td>
<td>74</td>
<td>lava, gravel &amp; boulders</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>78</td>
<td>lava, gravel &amp; boulders</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>114</td>
<td>lava gravel</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>118</td>
<td>lava gravel</td>
<td></td>
</tr>
</tbody>
</table>

13. DRILLER'S CERTIFICATION

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

Company Name: Elsing Drilling

Filno: 31

Fil Official: Arnold Cling

Date: 9-3-02

AND

Operator: Mark Eger

Date: 9-3-02
State of Idaho
Department of Water Administration

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.

WELL OWNER

Name: John Blair
Address: Shallal, Idaho
Owner's Permit No.: 

2. NATURE OF WORK

☐ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)

☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole: 6½ inches
Total depth: 160 feet

Casing schedule:

- Steel
- Concrete

Thickness: 3½ inches Diameter: 6½ inches + 1½ feet 19 feet

- inches
- inches
- inches
- inches
- inches
- inches
- inches

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
- 3
- 3
- 3

Well screen installed? ☐ Yes ☐ No
Manufacturer's name: 

Type: 

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: feet

Material used in seal: ☐ Cement grout ☐ Puddling clay ☐ Well cuttings

Sealing procedure used: ☐ Sherry pit ☐ Temporary surface cement ☐ Overbore to seal depth

LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name: 
Lot No.: 
Book No.: 

County: Twin Falls

6. WATER LEVEL

Static water level: 50 feet below land surface

Flowing? ☐ Yes ☐ No G.P.M. flow:

Temperature: ° F. Quality:

Artesian closed-in pressure: p.s.i.
Contents:

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M.: 
Draw Down: 
Hours Pumped: 

9. LITHOLOGIC LOG

Hole Depth: 
Material: 
Water

RECEIVED

MAR 4, 1982

Department of Water Resources


11. DRILLER'S CERTIFICATION

Firm Name: American Drilling Co.
Address: 

Signed by (Firm Official) and (Operator)
1. WELL OWNER
   Name: Ed Smith
   Address: 3328 S 1600 E Wendell
   Drilling Permit No.: 4792 S 019
   Water Right Permit No.: 

2. NATURE OF WORK
   - New well
   - Well diameter increase
   - Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 5.)

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

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

5. WELL CONSTRUCTION
   Casing schedule:
   - Steel
   - Concrete
   - Other
   - Diameter: 6 inches
   - Thickness: From 250 inches to 350 inches
   - Water level:
   - Top soil

6. LOCATION OF WELL
   Sketch map location must agree with written location.
   Subdivision Name:
   Lot No.:
   Block No.:
   County: Twin Falls

7. WATER LEVEL
   Static water level __ feet below land surface.
   Flowing?: Yes No
   G.P.M. flow:
   Artesian closed-in pressure:
   Controlled by:
   Temperature:

8. WELL TEST DATA
   - Discharge G.P.M.
   - Pumping Level
   - Hours Pumped

9. LITHOLOGIC LOG
<table>
<thead>
<tr>
<th>Diam.</th>
<th>From</th>
<th>To</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>15</td>
<td></td>
<td>Top Soil</td>
</tr>
<tr>
<td>10</td>
<td>25</td>
<td>40</td>
<td>Loose Boulders &amp; Gravel</td>
</tr>
<tr>
<td>40</td>
<td>50</td>
<td>60</td>
<td>Gravel</td>
</tr>
<tr>
<td>0</td>
<td>120</td>
<td>180</td>
<td>Gravel</td>
</tr>
<tr>
<td>120</td>
<td>180</td>
<td></td>
<td>Gravel</td>
</tr>
<tr>
<td>180</td>
<td>240</td>
<td></td>
<td>Gravel</td>
</tr>
</tbody>
</table>

10. REOUGHT
    JUL 28 1992
    Department of Water Resources
    Southern Region Office

11. DRILLER'S CERTIFICATION
    We certify that all minimum well construction standards were compiled with at the time the rig was removed.
    Firm Name: 
    Address: 
    Signed by Driller (Operator): 
    (If different than the Drilling Supervisor)
1. DRILLING PERMIT NO. 47-93-S-0154-000

2. OWNER:
   Name: Karen White
   Address: 747 Mt. View Dr.
   City: Twin Falls
   State: Idaho

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

4. PROPOSED USE:
   Domestic [ ] Municipal [ ] Irrigation [ ] 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
   Material: Bentonite C
   From: 2
   To: 80
   Amount: 800
   Method: Poured into Annular Dry

   Was drive shoe seal tested? YN: Y

8. CASING/LINER:
   Diameter: 6" 5" 3/4"
   From: 24 20 13
   To: 50 250 150
   Gauge: 11 11 11
   Casting: Octagonal Octagonal Octagonal
   Liner: 0 0 0
   Bead: Plastic Welded Threaded
   Plastic [ ] Welded [ ] Threaded [ ]

   Final location of shoes: 50' 99'
   Top Packer or Headpipe: 36'
   Bottom Tailpipe:

9. PERFORATIONS/SCREENS:
   Method: None
   Screen: None
   Type: None
   Material: None

10. WELL TESTS:
    Temperature of water: 65°F
    Depth of water: 50 ft.
    Artesian pressure: 250 lb.
    Artesian flow found: Yes
    Drainage-flowing Artesian
    Bottom Hole Temperature: 50°F

11. STATIC WATER LEVEL:
    Depth of water: 75 ft.
    Artesian pressure: 250 lb.
    Describe access port: Sanitary Well Cap
    Describe Controlling Devices:

12. LITHOLOGIC LOG:
    From: 61' 48' 38'
    To: 21' 41' 21'
    Lithology: Sand, Gravel
    Remarks: Lithology, Water Quality & Temperature
    GPM: 74
    SWL:

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

    Firm Name: Edwards Drilling
    Firm No.: 26
    Firm Official: Signature
    Date: Oct 21/93
    Supervisor or Operator: Signature
    Date: Oct 6/93

    FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D 0043331
   DRILLING PERMIT NO. 11-3472
   Other IDWR No.

2. OWNER:
   Name: Lauren Day
   Address: 1441 Palmer Drive
   City: Jerome
   State: ID
   Zip Code: 83338

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

   Twp: 9
   Rge: 14
   Sec: 1
   SW 1/4 SE 1/4
   Govt Lot: County
   County: Twin Falls
   Lat: 42:40:127
   Long: 114:45:756
   Address of Well Site: Cherry Lane
   City: Buhl
   Block: 6
   Sub. Name: Clear Lakes Estates

4. USE:
   Rural Domestic
   Municipal
   Monitor
   Irrigation

5. TYPE OF WORK:
   New Well
   Modify
   Abandonment
   Other

6. DRILL METHOD:
   Air Rotary
   Cable
   Mud Rotary
   Other

7. SEALING PROCEDURES:
   Seal/Filter Pack
   Amount
   Method

   Sealing
   bentonite
   0
   19
   200 lbs
   dry pour

8. CASING/LINER:
   Diameter
   From
   To
   Gauge
   Material

   Casing
   Liner
   Welded
   Threaded

9. PERFORATIONS/SCREENS:
   Method
   Air perforation
   Screens
   Screen Type

   From
   To
   Slot Size
   Number
   Diameter
   Material
   Casing
   Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
    Depth flow encountered
    ft.
    Describe access port or control devices:

11. WELL TESTS:
    Yield gal/min.
    Drawdown
    Pumping Level
    Time

12. LITHOLOGIC LOG:
    (Describe repairs or abandonment)

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: [Signature]
Date: 10/6/2006
Diller or Operator: [Signature]
Date: 10/6/2006
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL OWNER

Name: Ron Brown
Address: Buhl, Idaho 83316
Owner's Permit No.: 47-90-5-013

2. NATURE OF WORK

[ ] New well  [ ] Deepened  [ ] Replacement:
[ ] Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

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

4. METHOD DRILLED

[ ] Rotary  [ ] Air  [ ] Hydraulic  [ ] Reverse rotary
[ ] Cable  [ ] Dug  [ ] Other

5. WELL CONSTRUCTION

Casing schedule: [ ] Steel  [ ] Concrete  [ ] Other

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter From To</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 1/2 feet</td>
<td>6 1/2 inches</td>
</tr>
<tr>
<td>8 1/2 inches</td>
<td>6 inches</td>
</tr>
<tr>
<td>8 1/2 inches</td>
<td>6 inches</td>
</tr>
<tr>
<td>8 1/2 inches</td>
<td>6 inches</td>
</tr>
<tr>
<td>8 1/2 inches</td>
<td>6 inches</td>
</tr>
</tbody>
</table>

Was casing drive shoe used?  [ ] Yes  [ ] No
Was a packer or seal used?  [ ] Yes  [ ] No

Sealing procedure used:

Method of joining casing:

Well screen installed?  [ ] Yes  [ ] No
Manufacturer's name:

Size of perforation in inches by inches:

Number of perforations:

Well cap:

Cemented between strata:

Describe access port:

6. LOCATION OF WELL

Sketch map location must agree with written location.

[ ] [ ] [ ] [ ]

Subdivision Name:
Country Club Estates
Lot No.: 9  Block No.: 7

County: Twin Falls

7. WATER LEVEL

Static water level: 70 feet below land surface.
Flowing:  [ ] Yes  [ ] No
Artesian closed-in pressure: G.P.M. flow

Controlled by:

Temperature:

Describe artesian or temperature sources below:

8. WELL TEST DATA

[ ] Pump  [ ] Baller  [ ] Air  [ ] Other

Discharge G.P.M.: Pumping Level: Hours Pumped:

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Diam.</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Sand</td>
</tr>
<tr>
<td>130</td>
<td>Sand &amp; Boulders</td>
</tr>
<tr>
<td>130</td>
<td>Sand &amp; Gravel</td>
</tr>
</tbody>
</table>

10. WORKED MAY 17, 1990 - FINISHED MAY 19, 1990

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: 6-15-90

Signed by (Firm Official):

(Operator):

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT
1. WELL OWNER
Name: Ron Brown
Address: Buhl, Idaho 83316
Owner's Permit No.: 47-90-S-033

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

3. PROPOSED USE
- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

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

5. WELL CONSTRUCTION
- Casing schedule: 
  - 2 1/2 inches 6 5/8 inches + 1 foot 154 feet
  - 2 7/8 inches 7 inches 1 foot 324 feet
  - 3 1/2 inches 9 inches 1 foot 675 feet
  - 4 inches 11 inches 1 foot 675 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

- Was well screen installed? Yes / No
- Manufacturer's name ____________________________
- Type ____________________________
- Model No. ____________________________
- Diameter __ inches  Set from __ feet to __ feet
- Slot size __ inches  Set from __ feet to __ feet

- Gravel packed? Yes / No
- Size of gravel __ inches  Set from __ feet to __ feet

- Surface seal depth __ feet
- 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. LOCATION OF WELL
Sketch map location must agree with written location.

7. WATER LEVEL
- Static water level 70 feet below land surface.
- Artesian closed-in pressure __ p.s.i.
- Controlled by: Valve / Cap / Plug
- Temperature __OF
- Quality ____________________________

8. WELL TEST DATA
- Discharge G.P.M. ____________________________
- Pumping Level ____________________________
- Hours Pumped ____________________________

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Depth</th>
<th>Material</th>
<th>Water Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>600</td>
<td>Sand</td>
<td></td>
</tr>
<tr>
<td>610</td>
<td>Sand &amp; Boulders</td>
<td>X</td>
</tr>
<tr>
<td>630</td>
<td>Sand &amp; Gravel</td>
<td>X</td>
</tr>
<tr>
<td>650</td>
<td>Sand &amp; Gravel</td>
<td></td>
</tr>
<tr>
<td>670</td>
<td>Sand &amp; Gravel</td>
<td></td>
</tr>
</tbody>
</table>

10. Driller's Report
Form 208

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
Twin Falls, ID 83301

Signed by: (Firm Official) ____________________________
and (Operator) ____________________________
## 1. WELL OWNER
- **Name:** Westley Faigen
- **Address:** Buil 83316
- **Owner's Permit No.:** 47-83-C-00017-000

## 2. NATURE OF WORK
- **New well**
- **Type:** Domestic
- **Method of joining casing:** Cemented between strata
- **Surface seal depth:** Placed from __ feet to __ feet
- **Desired Materials for seal:** Bentonite
- **Sealing procedure used:** Overbore to seal depth

## 3. PROPOSED USE
- **Domestic**
- **Other (specify type):**

## 4. METHOD DRILLED
- **Rotary**
- **Type:** Factory
- **Thread size:** __
- **Manufacturer’s name:**

## 5. WELL CONSTRUCTION
### Casing Schedule:
- **Steel**
- **Concrete**
- **Other**

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>1 2/3</th>
<th>1 3/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ inches</td>
<td>__ inches</td>
<td>__ feet</td>
<td>__ feet</td>
<td>__ feet</td>
<td>__ feet</td>
</tr>
</tbody>
</table>

- **Cemented between strata**

### Well Screen Installed?
- **Yes**
- **No**

## 6. LOCATION OF WELL

<table>
<thead>
<tr>
<th>N</th>
<th>E</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

- **Subdivision Name:** township
- **Lot No.:** __
- **Block No.:** __
- **County:** Twin Falls

## 7. WATER LEVEL
- **Static water level:** 110 feet below land surface
- **Flowing:** Yes
- **G.P.M. flow:** __
- **Artesian closed-in pressure:** __ p.s.i.
- **Temperature:** __ F.

## 8. WELL TEST DATA
- **Discharge G.P.M.:** __
- **Pumping Level:** __
- **Hours Pumped:** __

## 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Depth</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ feet</td>
<td>__</td>
</tr>
<tr>
<td>__ feet</td>
<td>__</td>
</tr>
<tr>
<td>__ feet</td>
<td>__</td>
</tr>
</tbody>
</table>

## 10. Work started __ finished __

## 11. DRILLERS CERTIFICATION

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

**Firm Name:**

**Address:**

**Date:** __

**Signed by (Firm Official):**

**Operator:**
1. WELL TAG NO. D 0016022
DRILLING PERMIT NO.

2. OWNER:
Name: Idaho Power Co.
Address: 1230 A Thousand Springs Grade
City: Wendell State: ID Zip: 83355

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

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:

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>AMOUNT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Was drive shoe used? Y  X  N  - Shoe Depth(s)
Was drive shoe seal tested? Y  X  N  - How?

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot;</td>
<td>+2</td>
<td>78</td>
<td>.38</td>
<td>steel</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Length of Headpipe 24"  Length of Tailpipe

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Screen Type</th>
</tr>
</thead>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

- 18 ft. below ground
- Artesian pressure 86" lb.
- Depth flow encountered 8 ft.
- Describe access port or control devices: well cap

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Pump</th>
<th>Bailer</th>
<th>Air</th>
<th>Flowing Artesian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yield gal/min. 30+ Drawdown Pumping Level Time

- Water Temp. <85
- Bottom hole temp.
- Water Quality test or comments:
- Depth final Water Encounter

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Box Dia.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>19</td>
<td>gravel &amp; boulders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>19</td>
<td>31</td>
<td>sand &amp; gravel</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>31</td>
<td>34</td>
<td>gravel &amp; brown clay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>34</td>
<td>37</td>
<td>gravel</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>37</td>
<td>48</td>
<td>gray clay &amp; gravel</td>
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<tr>
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<td>77</td>
<td>gray clay</td>
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<td>77</td>
<td>86</td>
<td>black sand</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

RECEIVED
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Department of Water Resources
Southern Region

Department of Water Resources

Completed Depth: 86" (Measurable)
Date: Started 11/7/2000 Completed 11/7/2000

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: Name
Date: 11/22/00

Driller or Operator: Name
Date: 11/22/00

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D: 0044432
DRILLING PERMIT NO.: 5412769/Adj. 899900
Other IDWR No.: 

2. OWNER
Name: Wayne Loosli
Address: 354 N 3700 E
City: Rigby State: ID Zip: 83442

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

Twp. 9  East or West
Sec. 2  NE 1/4 NE 1/4
Govt. Lot 40.878
County: Gooding
Address of Well Site: 1581 E 3600 S
City: Wendell

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

5. TYPE OF WORK
- New Well
- Modify
- Abandonment
- Other

6. DRILL METHOD
- Air Rotary
- Cable
- Mud Rotary
- Other

7. SEALING PROCEDURES
Seal/Filter Pack Amount Method
Bentonite 0 18 4 BAGS POURED

8. CASING/LINER
Dia. From To Diameter Material
6 1/8 2 18 STEEL

9. PERFORATIONS/SCREENS

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
96 ft below ground
Artesian pressure
depth flow encountered ft.
Describe access port or control devices PLATE

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gpm</th>
<th>Drawdown</th>
<th>Air Flowing Artesian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Temp. Bottom hole temp.

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Dia.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>3/4</td>
<td>0</td>
<td>15 TOPSOIL X</td>
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<td>15</td>
<td>15</td>
<td>18</td>
<td>GREY BASALT X</td>
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<tr>
<td>6</td>
<td>1/8</td>
<td>18</td>
<td>GREY BASALT X</td>
</tr>
<tr>
<td>40</td>
<td>43</td>
<td>40</td>
<td>BROKEN BASALT - LOST CIRC X</td>
</tr>
<tr>
<td>43</td>
<td>103</td>
<td>103</td>
<td>FRACTURED BASALT X</td>
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<tr>
<td>103</td>
<td>148</td>
<td>148</td>
<td>FRACTURED BASALT &amp; CINDER BEDS X</td>
</tr>
</tbody>
</table>

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

Company Name: ELSING DRILLING & PUMP
Firm No.: 669

Firm Official: City: Esq. Date: 5-18-07
Driller or Operator: Date: 5-18-07
STATE OF IDAHO
DEPARTMENT OF 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.

1. WELL OWNER
Name: Clear Lake Country Club
Address: 15725 Clear Lake Grade Blvd., ID
Drilling Permit No.: 36-92-8-0299
Water Right Permit No.: 83316

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.)

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

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

5. WELL CONSTRUCTION
Casing schedule: ☐ Steel  ☐ Concrete  ☐ Other _____
Thickness from
- 250 inches  +1 feet  99 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?  1/8 inches by 3 inches
4 rows of perforations 50 feet  95 feet

Surface seal depth: 45 feet  95 feet
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: WELL CAP

6. LOCATION OF WELL
Sketch map location must agree with written location:
Subdivision Name:
Lot No. 7, 8, 9 Block No. 3
County: Gooding
Address of Well Site: (give at least name of road)

7. WATER LEVEL
Static water level: 23 feet below land surface.
Flowing?  ☐ Yes  ☐ No  G.P.M. flow
Artesian closed-in pressure: p.s.i.
Controlled by: ☐ Valve  ☐ Cap  ☐ Plug
Temperature: °F  Quality: 

8. WELL TEST DATA
☐ Pump  ☐ Beller  ☐ Air  ☐ Other
Discharge G.P.M.  Pumping Level  Hours Pumped

9. LITHOLOGIC LOG

10. WELL OWNER'S CERTIFICATION
☐ Yes  ☐ No

11. DRILLER'S CERTIFICATION
☐ Yes  ☐ No

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Southern Region Office

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

USE TYPEWRITER OR BALLPOINT PEN

Received: Jan. 4, 1993
Dec. 11, 1992

Department of Water Resources
Clear Lake Country Club
15725 Clear Lakes Grade Blvd., ID

Signed by Drilling Supervisor:

(Craig Eason)
(Operator)
(Date: 12-9-92)

(Address: Twin Falls, ID 83301)

Drilling Permit No.: 36-92-8-0299
Water Right Permit No.: 83316
State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

1. WELL OWNER
   Name: Paul Barchard
   Address: RT 2, Wendell Idaho
   Owner's Permit No.

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

3. PROPOSED USE
   - Domestic
   - Irrigation
   - Test
   - Municipal
   - Industrial
   - Stock

4. METHOD DRILLED
   - Cable
   - Rotary
   - Dug
   - Other

5. WELL CONSTRUCTION
   - Diameter of hole: 12 inches
   - Total depth: 90 feet
   - Casing schedule: Steel
   - Thickness: 9.50 inches
   - Diameter: 12 inches
   - From: 1 feet
   - To: 19 feet
   - Was a packer or seal used? Yes
   - Perforated? Yes
   - How perforated? Factory
   - Size of perforation: inches by inches
   - Well screen installed? Yes
   - Manufacturer's name:
   - Diameter: inches
   - Slot size: inches
   - Set from: feet to feet
   - Gravel packed? Yes
   - Size of gravel:
   - Placed from: feet to feet
   - Surface seal? Yes
   - To what depth: feet
   - Material used in seal: Cement grout

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

7. WATER LEVEL
   - Static water level: 79 feet below land surface
   - Flowing: Yes
   - Temperature: °F
   - Quality:
   - Artesian closed-in pressure: p.s.i.
   - Controlled by: Valve

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

9. LITHOLOGIC LOG
   - 40418

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

11. DRILLER'S CERTIFICATION
    This well was drilled under my supervision and this report is true to the best of my knowledge.

   Work started July 26, finished Aug. 1, 1973
   DRILLER'S NAME: Wendell Idaho
   Date: Aug. 1, 1973

   USE ADDITIONAL SHEETS IF NECESSARY FORWARDED THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT
### WELL DRILLER'S REPORT

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

#### 1. WELL OWNER
- **Name:** Paul Bernard
- **Address:** 1st Wardell Idaho
- **Owner's Permit No.:**

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

#### 3. PROPOSED USE
- **Domestic**
- **Irrigation**
- **Test**
- **Municipal**
- **Industrial**
- **Stock**

#### 4. METHOD DRILLED
- **Cable**
- **Rotary**
- **Dug**
- **Other**

#### 5. WELL CONSTRUCTION
- **Diameter of hole:** 8 inches
- **Total depth:** 105 feet
- **Casing schedule:**
  - **Steel**
  - **Concrete**
- **Thickness:**
  - Inches
  - Feet
- **Was a packer or seal used?**
- **Perforated?**
- **How perforated?**
  - **Factory**
  - **Knife**
  - **Torch**
- **Size of perforation:**
  - Inches by inches
  - Number
  - Feet
  - Feet
- **Well screen installed?**
- **Manufacturer's name:**
- **Type:**
- **Model No.:**
- **Diameter:**
- **Slot size:**
- **Set from:**
- **Feet to:**
- **Gravel packed?**
- **Size of gravel:**
- **Placed from:**
- **To what depth:**
- **Surface seal?**
- **Material used in seal:**

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

#### 7. WATER LEVEL
- **Static water level:** 10 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**

#### 8. WELL TEST DATA
- **Discharge G.P.M.:**
- **Draw Down:**
- **Hours Pumped:**

#### 9. LITHOLOGIC LOG
- **Hole Diam.**
- **Depths**
- **Material**
- **Water:**
  - **Yes**
  - **No**

<table>
<thead>
<tr>
<th>Hole Diam.</th>
<th>From</th>
<th>To</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10. Work started: **Sept 15** finished: **Sept 30**

#### 11. DRILLER'S CERTIFICATION
- **This well was drilled under my supervision and this report is true to the best of my knowledge.**
- **Driller's or Firm's Name:**
- **Number:**

---

**USE ADDITIONAL SHEETS IF NECESSARY**

**FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT**
1. WELL TAG NO. D0034342
   DRILLING PERMIT NO. 824603
   Other IDWR No.

2. OWNER:
   Name: Cory VanDyke
   Address: 5111 F. 3800 S.
   City: Wendell

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

4. USE:
   [ ] Domestic  [ ] Municipal  [ ] Monitor  [ ] Irrigation
   [ ] Thermal  [ ] Injection  [ ] Other

5. TYPE OF WORK; check all that apply
   [X] New Well  [ ] Modify  [ ] Abandonment  [ ] Other

6. DRILL METHOD:
   [X] Air Rotary  [ ] Cable  [ ] Mud Rotary  [ ] Other

7. SEALING PROCEDURES:
   Material  | From  | To  | Amount  | Method
   ---       | ---   | --- | ------- | ----
   bentonite | 0     | 19  | 400 lbs | dry pour

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

8. CASING/LINER:
   Diameter  | From  | To  | Gauge | Material
   ---       | ---   | --- | ---   | ----
   6"        | 0     | 2   | 110   | 250 steell

   Length of Headpipe 2'
   Length of Tailpipe

9. PERFORATIONS/SCREENS:
   [ ] Perforations  Method
   [ ] Screens  Screen Type

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

11. WELL TESTS:
    | [ ] Pump  | [ ] Bailer  | [ ] Air  | [ ] Flowing Artesian |
    | Yield gpm/min.  | Drawdown  | Pumping Level  | Artesian  |

    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 | From | To  | Remarks: Lithology, Water Quality & Temperature |
    | ---  | ---  | --- | ------------------------------- |
    | 8    | 0   | 2   | top soil                       |
    | 8    | 2   | 10  | medium hard lava               |
    | 8    | 18  | 25  | medium lava                    |
    | 8    | 24  | 45  | medium fractured lava          |
    | 8    | 45  | 90  | medium soft lava               |
    | 8    | 90  | 110 | cinders                        |
    | 6    | 110 | 120 | medium soft lava & clay        |
    | 6    | 120 | 125 | medium lava                    |
    | 6    | 125 | 130 | soft lava                      |
    | 6    | 138 | 143 | soft lava & cinders            |

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.:
    Firm Official
    Date 9/24/2004
    Driller or Operator
    Date 9/24/2004

FORWARD WHITE COPY TO WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D003432
   DRILLING PERMIT NO. 8241603

2. OWNER:
   Name: Cory VanDyke
   Address: 1511 E. 3800 S.
   City: Wendall
   State: ID Zip: 83355

3. LOCATION OF WELL by legal description:
   Sketch map location must agree with written location.
   Twp: 9
   Rge: 14
   Sec: 2
   NW 1/4
   Gooding
   County: Eagle

4. USE:
   [X] Domestic  [ ] Municipal  [ ] Monitor  [ ] Irrigation
   [ ] Thermal  [ ] Injection  [ ] Other

5. TYPE OF WORK; check all that apply (Replacement etc.)
   [X] New Well  [X] Modify  [ ] Abandonment  [ ] Other

6. DRILL METHOD:
   [ ] Air Rotary  [ ] Cable  [ ] Mud Rotary  [ ] Other

7. SEALING PROCEDURES:
   Seal/Filter Pack  AMOUNT  METHOD
   bentonite  0  19  400 lbs  dry pour

8. CASING/LINER:
   Diameter  From  To  Guage  Material
   6"  +2  110  .250  steel
   Length of Headpipe: 2'
   Length of Tailpipe

9. PERFORATIONS/SCREENS:
   [X] Perforations  Method: touch
   [ ] Screens  Screen Type

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
   [ ] ft. below ground  Artesian pressure
   [ ] lb.

11. WELL TESTS:
   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)

<table>
<thead>
<tr>
<th>Layer</th>
<th>Description</th>
<th>Water Bar.</th>
<th>Water Bar.</th>
<th>Remarks, Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0 2 top soil</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>2 18 medium hard lava</td>
<td>25</td>
<td>medium lava</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>16 25 medium lava</td>
<td>25</td>
<td>medium hard lava</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>24 34 medium fractured lava</td>
<td>24</td>
<td>soft lava</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>44 45 medium soft lava</td>
<td>44</td>
<td>medium hard lava &amp; breake</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>63 45 90 medium hard lava &amp; breake</td>
<td>63</td>
<td>soft lava</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>90 110 cinders</td>
<td>90</td>
<td>soft lava</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>110 120 medium soft lava &amp; clay</td>
<td>110</td>
<td>medium hard black lava &amp;</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>120 125 medium lava</td>
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<td>130 138 soft lava &amp; cinders</td>
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<td></td>
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<tr>
<td>8</td>
<td>144 148 medium hard lava</td>
<td>144</td>
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<td></td>
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<td>8</td>
<td>151 160 medium hard black lava &amp;</td>
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<tr>
<td>8</td>
<td>161 185 soft broken lava</td>
<td>161</td>
<td>brown sand</td>
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<tr>
<td>8</td>
<td>163 185 brown sand</td>
<td>163</td>
<td>brown sand</td>
<td></td>
</tr>
</tbody>
</table>

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: [Signature]
   Date: 9/13/2005
   Driller or Operator: [Signature]
   Date: 9/13/2005
1. DRILLING PERMIT NO. 36 - 97 - 8 - 0009 - 000
Other IDWR No.

2. OWNER: Idaho Trout Processors Co.
Name
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
Twp. 9 North □ or South □
Rge. 14 East □ or West □
Sec. 2 1/4 SE 1/4 NE 1/4
Govt Lot 2

■ Address
City

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
Bentonite 0 53 Poured
Overbore to seal depth

Was drive shoe used? □ Y □ N
Shoe Depth(s) 255 ft.
Was drive shoe sealed? □ Y □ N
How? Air pressure

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Wetted</th>
<th>Threaded</th>
</tr>
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<tbody>
<tr>
<td>8&quot;</td>
<td>+2</td>
<td>53</td>
<td>.250</td>
<td>Steel</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6&quot;</td>
<td>35</td>
<td>255</td>
<td>.250</td>
<td>Steel</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Length of Headpipe
Length of Tailpipe

9. PERFORATIONS/SCREENS
□ Perforations Method
□ Screens Screen Type

From To Slot Size Number Diameter Material Casing Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
87 ft below ground Artesian pressure 1.5 lb.
Depth flow encountered ft. Describe access port or control devices:

11. WELL TESTS:
Yield gal/min. Drained Down Pumping Level Time

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)
Date: Started 5-7-97 Completed 5-9-97

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

Firm Name Elseing Drilling Firm No. 31
Firm Official Arnold Elseing Date 5-14-97
and
Supervisor or Operator Lloyd Nyberg Date 5-14-97
(Sign here if Firm Officer or Operator)

FORWARD WHITE COPY TO WATER RESOURCES
1. WELL TAG NO. D Well 236-15
2. OWNER: Clean Spring Foods, Inc.
3. LOCATION OF WELL by legal description:
   Sketch map location must agree with written location.

4. USE:
   - Domestic
   - Municipal
   - Irrigation
   - Other

5. TYPE OF WORK check all that apply (Replacement etc.)
   - New Well
   - Modify
   - Abandonment
   - Other

6. DRILL METHOD
   - Air Rotary
   - Mud Rotary
   - Other

7. SEALING PROCEDURES
   SEAL/FILTER PACK
   AMOUNT METHOD
   From To Sacks or Pounds
   - Material
   - From To
   - Depth(s)
   - Used

8. CASING/LINER:
   Length of Headpipe
   Length of Tailpipe

9. PERFORATIONS/SCREENS
   Perforations
   Method
   Screen Type
   [Screen #204 Stainless Steel]
   From To Slot Size Number Diameter Material Casing Liner Welded Threaded
   - Depth flow encountered
   - Describe access port or control devices

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
    Depth flow encountered
    [Steel plate or top of AR] in.

11. WELL TESTS:
    Yield gpm
    Drawdown
    Pumping Level
    Time
    Water Temp.

12. LITHOLOGIC LOG: (Describe repairs or abandonment)
    Water from
    Remarks: Lithology, Water Quality & Temperature
    From To
    [Material]

13. DRILLER'S CERTIFICATION
    We certify that all minimum well construction standards were complied with at the time the rig was removed.
    Company Name
    Firm No.
    Date
    Driller or Operator
    [Sign here & Firm Official & Operator]
1. WELL TAG NO. D 0059151
   Water Right or Injection Well No.

2. OWNER
   Name: Tony Farino
   Address: 401 W. Main

3. LOCATION OF WELL by legal description:
   Twp: 9 North or South
   Rge: 14 East or West
   Sec: 3 NE 
   W acres 40 acres 160 acres
   Gov/Lot: 46.0
   County: Gooding
   Lat: 40.889
   Long: 114; 47.519
   Address of Well Site: 1497 E 3600 S
   City: Wendell
   Lt: Blk: Sub: Name: 

4. USE:
   ¥ Domestic
   □ Municipal
   □ Monitor
   □ Irrigation
   □ Thermal
   □ Injection
   □ Other

5. TYPE OF WORK check all that apply
   □ 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 4 BAGS POURED
   Was drive shoe used? □ Y □ N
   Shoe Depth(p): 112'
   Was drive shoe seal tested? □ Y □ N
   How?:

8. CASING/LINER:
   Diameter: 6 5/8
   Gauge: 1
   Material: Steel
   Casing: 
   Liner: 
   Welded: 
   Threaded: 
   Length of Headpipe: 
   Length of Tailpipe: 

9. PERFORATION/Screens Packer Type
   Perforation Method
   Screen Type & Method of Installation

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:

12. WELL TESTS:
     Pump
     Bail
     Air
     Flooding
     Yield gallons
     Drawdown
     Pumping Level
     Time
     Water Temp.
     Bottom hole temp.
     Water Quality test or comments:

13. LITHOLOGIC LOG (Describe repairs or abandonment)
     Water
     Bone Dia. From To Remarks: Lithology, Water Quality & Temperature Y N
     8 0 2 TOPSOIL X
     2 4 CALICHE X
     6 66 GREY BASALT X
     6 112 FRACTURED - CINDER BEDS, LOST CIRC. X
     6 112 130 FRACTURED - CINDER BEDS, LOST CIRC.

14. DRILLER'S CERTIFICATION
    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: 
    Date: 4-17-08
    Driller or Operator II: 
    Date: 4-17-08
    Operator I: 
    Date: 
    Principal Driller and Rig Operator Required.
    Operator I must have signature of Driller/Operator II.

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On-A-Desk - (214) 346-8429 - www.FormsOnADesk.com
1. WELL TAG NO. D - 0050390
DRILLING PERMIT NO. 853210

2. OWNER: SHOLEY, MYRON
Address: BOX 443
City: BUHL
State: ID
Zip: 83316

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

<table>
<thead>
<tr>
<th>Twp.</th>
<th>9</th>
<th>North or</th>
<th>Rge.</th>
<th>14</th>
<th>East or</th>
<th>Sec.</th>
<th>3</th>
<th>1/4 NW</th>
<th>1/4 SW</th>
<th>1/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td></td>
<td></td>
<td>E</td>
<td></td>
<td></td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address of Well Site: 1425 E 3675 N
City: BUHL

4. USE:
☐ Domestic
☐ Municipal
☐ Monitor
☐ Irrigation
☐ Thermal
☐ Injection
☐ Other

5. TYPE OF WORK:
☐ New Well
☐ Modify
☐ Abandonment
☐ Other

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

7. SEALING PROCEDURES
Seal/Filter Pack | Amount | Method
-----------------|--------|-----
BENT             | 0 25   | 650 LBS OVERBORE

Was drive shoe used? ☐ Y ☐ N
Was drive shoe seal tested? ☐ Y ☐ N
Shoe depth(s) 109

8. CASING/LINER
Dia. | From | To | Gauge | Material | Casing Liner Welded Threaded
-----|------|----|-------|----------|-----------------------------
85/8 | 109  | 250| STEEL | ☐        | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 

Length of Headpipe: __________
Length of Tailpipe: __________

9. PERFORATIONS/SCREENS
Perforations | Methods | Screen Type
--------------|----------|-------------

From | To | Slot Size | Number | Diameter | Material | Casing Liner
-----|----|----------|--------|----------|----------|-------------

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
51 ft below ground
Artesian pressure
Depth flow encountered __________ ft.
Describe access port or control devices: PLATE

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gpm</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

Water Temp. 50°

Water Quality test or comments:

12. LITHOLOGIC LOG:
(Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Water</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>0 6 SOIL &amp; SMALL GRAVEL</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6 18</td>
<td>GRAVEL &amp; BOULDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 18</td>
<td>LARGE BOULDER GRAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>COARSE GRAVEL &amp; SAND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>BLACK BASALT BOULDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>SMALL BOULDERS &amp; GRAVEL ROUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>W/CLAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>STICKY CLAY W/SMALL GRAVEL</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>WHITE, BROWN &amp; BLACK RIVER SAND</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>BLACK BASALT W/GREEN CALCITE</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>BLACK BASALT W/WHITE &amp; GREEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>CALCITE &amp; VOLCANIC GLASS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Company Name: WALKER WATER SYSTEMS
Firm No.: 624 PIERCE ST. TWIN FALLS, ID 83301

Firm Official: ____________________________
Driller or Operator: ________________________

Date: 9/12/08

(SEP 19 2008)

(DEPT. OF WATER RESOURCES)

Southern Region
WELL DRILLER'S REPORT

1. WELL OWNER
Name: Bud Montgomery
Address: Wendell
Owner's Permit No.

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

3. PROPOSED USE
☐ Domestic  ☐ Irrigation  ☐ Test
☐ Municipal  ☐ Industrial  ☐ Stock

4. METHOD DRILLED
☐ Cable  ☐ Rotary  ☐ Dug  ☐ Other

5. WELL CONSTRUCTION
Diameter of hole: 8 inches
Total depth: 147 feet

Casing schedule:
- Steel: 8 inches
- Concrete: 8 inches

Thickness:
- 1.50 inches
- 1.00 inches

D-From: 1 feet
T-To: 146 feet

Was a packer or seal used? ☐ Yes  ☐ No
Perforated? ☐ Yes  ☐ No
How perforated? ☐ Factory  ☐ Knife  ☐ Torch
Size of perforation: Inches by inches

Number:
- 1 perforations: feet
- 1 feet
- 1 perforations: feet
- 1 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:
Material used in seal:

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

7. WATER LEVEL
Static water level: 7 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

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

9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole Dia.</th>
<th>From</th>
<th>To</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

039229

10. Work started: Oct 17 finished: Nov 10

11. DRILLER'S CERTIFICATION
This well was drilled under my supervision and this report is true to the best of my knowledge.

Driller's or Firm's Name: Wendell Joda
Number: 96013-71
Address: Wendell Joda

USE ADDITIONAL SHEETS IF NECESSARY FORWARDED THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT.
# 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.

## 1. WELL OWNER

<table>
<thead>
<tr>
<th>Name</th>
<th>Dust Montgomery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Wendell</td>
</tr>
<tr>
<td>Owner's Permit No.</td>
<td></td>
</tr>
</tbody>
</table>

## 2. NATURE OF WORK

- New well
- Abandoned (describe method of abandoning)

## 3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock

## 4. METHOD DRILLED

- Cable
- Rotary
- Dug
- Other

## 5. WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Diameter of hole</th>
<th>8 inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total depth</td>
<td>147 feet</td>
</tr>
<tr>
<td>Casing schedule</td>
<td>Steel</td>
</tr>
<tr>
<td>Thickness</td>
<td>1.50 inches</td>
</tr>
<tr>
<td>Diameter</td>
<td>6 inches</td>
</tr>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>feet</td>
<td>feet</td>
</tr>
</tbody>
</table>

- Was a packer or seal used? Yes
- Perforated? Yes
- How perforated? Factory
- Size of perforation inches by inches
- Number of perforations perforations
- Perforations: feet feet
- Diameter: feet feet
- Slot size: inches inches
- Diameter: inches inches
- From: to feet feet

## 6. WELL TEST DATA

- Pump
- Bailer
- Other

## 7. WATER LEVEL

<table>
<thead>
<tr>
<th>Static water level</th>
<th>feet below land surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flowing?</td>
<td>Yes No G.P.M. flow</td>
</tr>
<tr>
<td>Temperature</td>
<td>° F. Quality</td>
</tr>
<tr>
<td>Artisan closed-in pressure</td>
<td>p.s.i.</td>
</tr>
<tr>
<td>Controlled by</td>
<td>Valve Cap Plug</td>
</tr>
</tbody>
</table>

## 8. LOCATION OF WELL

Sketch map location must agree with written location.

## 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth From</th>
<th>Depth To</th>
<th>Material</th>
<th>Water</th>
<th>Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>D 0.5</td>
<td>7.1 to 9.2</td>
<td>Earth face</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>D 1.8</td>
<td>7.1 to 9.2</td>
<td>Earth face</td>
<td>No</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>D 1.6</td>
<td>7.1 to 9.2</td>
<td>Earth face</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## 10. DRILLER'S CERTIFICATION

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

Driller's Permit No. 46

Wendell Lola

Date: 1971 12-14
WELL LOG AND REPORT OF THE
STATE RECLAMATION ENGINEER OF IDAHO

Permit No. 8206 Well No. __ County: Gooding
Owner: George Vannoy
Address: Wendell, Idaho
Driller: C. B. Eaton & Sons, Inc.
Address: Wendell, Idaho
Well location: Sec. 9 T. 9 N. R. 14 E
Size of drilled hole: 14"
Total depth of well: 98'

Give depth to standing water from the ground: 80'. Water temp. __ °F.

On "Pumping Test" delivery was: __ g.p.m. or __ e.f.s. Drawdown was: __ 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: __ e.f.s. or __ g.p.m. and of shut off pressure: __

If flowing well, described control works: __

Water will be used for: Irrigation __ Weight of casing per linear foot: __

Thickness of casing: __/4" Casing material: Steel __

Diameter, length and location of casing: __ feet of __"

(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

Casing Record

<table>
<thead>
<tr>
<th>Diam. Casing</th>
<th>From Feet</th>
<th>To Feet</th>
<th>Length</th>
<th>Remarks—seals, grouting, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>12&quot;</td>
<td>0</td>
<td>98</td>
<td>98</td>
<td>drove pipe 80' to 98' loose cinders</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8' perforated 6 per foot 1 by 6 inch size</td>
</tr>
</tbody>
</table>

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

NW 1/4 3 9/32 14E
# WELL LOG

<table>
<thead>
<tr>
<th>From Feet</th>
<th>To Feet</th>
<th>Type of Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>top soil</td>
</tr>
<tr>
<td>4</td>
<td>60</td>
<td>Grey lava</td>
</tr>
<tr>
<td>60</td>
<td>72</td>
<td>clay</td>
</tr>
<tr>
<td>72</td>
<td>84</td>
<td>loose rock &amp; clay</td>
</tr>
<tr>
<td>84</td>
<td>98</td>
<td>cinder very loose &amp; water</td>
</tr>
</tbody>
</table>

If more space is required use Sheet No. 2

## WELL DRILLER'S STATEMENT

This well was drilled under my supervision and the above information is complete, true and correct to the best of my knowledge and belief.

Signed: [Signature]

By: [Signature]

Dated: 5-3-63

License No: 26
1. WELL OWNER

Name: Mrs. Cee. L. Brim
Address: 206 St. Lucy, Tul.
Owner's Permit No.:

2. NATURE OF WORK.

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

3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

4. METHOD DRILLED

- Rotary
- Air
- Hydraulic
- Reverse rotary
- Cable
- Dug
- Other

5. WELL CONSTRUCTION

- Casing schedule: Steel, Concrete, Other
- Thickness:
- Diameter:
- From:
- To:
- Was casing drive shoe used?: Yes
- Was a packer or seal used?: Yes
- Perforated?: Yes
- How perforated?: Factory, Knife, Torch
- Size of perforation:
- Number of perforations:
- Well screen installed?: Yes
- Manufacturer's name:
- Type:
- Diameter:
- Slot size:
- Material used in seal:
- Surface seal depth:
- Method of joining casing:
- Sealing procedure used:
- Describe access port:

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

Lot No. 7

Block No. 3

County: Tulam

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT
**WELL DRILLER'S REPORT**

**WELL TAG NO. D 0050036**

**DRILLING PERMIT NO. 850192 App 903205**

Water Right/Injection Well No.

**OWNER**

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

**LOCATION OF WELL**

by legal description:
Twp: 9 North or South, 
Rge: 14 East or West, 
Sec: 10 1/4 1/4 1/4

**USE:**

- [ ] Domestic
- [ ] Municipal
- [ ] Monitor
- [ ] Irrigation

**TYPE OF WORK**

- [ ] New Well
- [ ] Modify
- [ ] Abandonment
- [ ] Other

**DRILL METHOD:**

- [ ] Jet Rotary
- [ ] Cable
- [ ] Mud Rotary
- [ ] Other

**SEALING PROCEDURES**

Seal Material: Bentonite
From: 0 To: 0 7 BAGS POURED

**CASING/LINER:**

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5/8</td>
<td>2</td>
<td>78</td>
<td>.250</td>
<td>Steel</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**FILTER PACK:**

Filter Material: 
From: To | Weight/Volume | Placement Method

**STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

8 ft. below ground
Artesian pressure: 0 lb.
Depth flow encountered: 0 ft. Describe access port or control devices:

**WELL TESTS:**

- [ ] Pump
- [ ] Bailer
- [ ] Air
- [ ] Flowing Artesian

**LITHOLOGIC LOG**

<table>
<thead>
<tr>
<th>Bore Dia.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>35</td>
<td>TAN SILTY CLAY</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>68</td>
<td>TAN CLAY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>72</td>
<td>BROWN CLAY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>78</td>
<td>DECOMPOSED BASALT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>87</td>
<td>RED BROWN BASALT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>91</td>
<td>TAN CLAY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>100</td>
<td>TAN CLAY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>123</td>
<td>DECOMPOSED BASALT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>224</td>
<td>224</td>
<td>HARD GREY BASALT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>230</td>
<td>230</td>
<td>TAN CLAY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>237</td>
<td></td>
<td>BLACK SAND</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**DEPARTMENT OF WATER RESOURCES SOUTHERN REGION**

FORWARD COPY TO WATER RESOURCES

Form provided by Forms On A Disk - (214) 340-9429 - www.FormsonADisk.com
IDAH/O DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0044534
DRILLING PERMIT NO. 848117
Other IDWR No. 410802

2. OWNER: Doug Mason
Name
Address 4460 N 1500 E
City Buhl
State ID. 83316

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

   N
   14
   10
   8
   4

   W
   9
   14
   6
   8
   4

Twp. 9
Sec. 14
Lot 10

Govt Lot
County Twin Falls
Lat: 42.39.525
Long: 114.47.829
Address of Well Site
4548 N 1250 E
City Buhl
State ID. 83316

4. USE:
[X] Domestic
[ ] Municipal
[ ] Monitor
[ ] Irrigation
[ ] Thermal
[ ] Injection
[ ] Other

5. TYPE OF WORK: check all that apply
[X] New Well
[ ] Modify
[ ] Abandonment
[ ] Other

6. DRILL METHOD:
[X] Air Rotary
[ ] Cable
[ ] Mud Rotary
[ ] Other

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bentonite</td>
<td>0</td>
<td>19</td>
<td>200 lbs</td>
</tr>
<tr>
<td>Method</td>
<td>Dry pour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was drive shoe used? [ ] Y [ ] N
Shoe Depth: __________
Was drive shoe seal tested? [ ] Y [ ] N
How: __________

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot;</td>
<td>1</td>
<td>59</td>
<td>.250</td>
<td>Steel</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Length of Headpipe: 1'
Length of Tailpipe: __________

9. PERFORATIONS/SCREENS:
[X] Perforations
[ ] Method
[ ] Screens
[ ] Screen Type

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground  Artesian pressure __________
Depth flow encountered __________ ft.
Describe access port or control devices: Wall cap

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gal/min.</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bore Dia.</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>9</td>
<td>Top soil</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>42</td>
<td>hard brown clay</td>
</tr>
<tr>
<td>8</td>
<td>42</td>
<td>43</td>
<td>brown sand</td>
</tr>
<tr>
<td>8</td>
<td>43</td>
<td>49</td>
<td>brown clay</td>
</tr>
<tr>
<td>8</td>
<td>49</td>
<td>54</td>
<td>brown clay &amp; gravel</td>
</tr>
<tr>
<td>8</td>
<td>54</td>
<td>59</td>
<td>black lava</td>
</tr>
<tr>
<td>8</td>
<td>59</td>
<td>69</td>
<td>black lava</td>
</tr>
<tr>
<td>8</td>
<td>69</td>
<td>74</td>
<td>broken &amp; brown ash</td>
</tr>
<tr>
<td>8</td>
<td>74</td>
<td>81</td>
<td>dark brown ash</td>
</tr>
<tr>
<td>8</td>
<td>81</td>
<td>96</td>
<td>black lava</td>
</tr>
<tr>
<td>8</td>
<td>96</td>
<td>99</td>
<td>soft broken &amp; brown slt</td>
</tr>
<tr>
<td>9</td>
<td>99</td>
<td>169</td>
<td>soft broken &amp; slt</td>
</tr>
<tr>
<td>8</td>
<td>169</td>
<td>194</td>
<td>brown sand stone</td>
</tr>
</tbody>
</table>

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
Date 8/2/2007

Firm Official
Date 8/2/2007

Driller or Operator
(Sign once if Firm Official & Operator)
**WELL DRILLER’S REPORT**

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

### 1. WELL OWNER

- **Name:** A. Collins
- **Address:** Las Vegas, Nev.
- **Owner's Permit No.:**

### 2. NATURE OF WORK

- **New well** □  □ Deepened □ Replacement □ Abandoned (describe method of abandoning)

### 3. PROPOSED USE

- **Domestic** □  □ Irrigation □ Test □ Municipal □ Industrial □ Stock □ Waste disposal or injection □ Other

### 4. METHOD DRILLED

- **Rotary** □  □ Air □ Hydraulic □ Reverse rotary □ Cable □ Dug □ Other

### 5. WELL CONSTRUCTION

- **Casing schedule:**
  - **Steel** □  □ Concrete □ Other
  - **Thickness**:
    - **Front:**
      - Inches: __________
      - Feet: __________
    - **Back:**
      - Inches: __________
      - 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** by ________ Inches
  - **Number of 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:**
    - **Material used in seal:**
      - **Cement grout** □  □ Puddling clay □ Well cuttings
  - **Sealing procedure used:**
    - **Slurry pit** □  □ Temp. surface casing □ Overbore to seal depth
  - **Method of joining casing:**
    - **Threaded** □  □ Weld □ Solvent cemented between strata
  - **Describe access port:**

### 6. LOCATION OF WELL

- **Subdivision Name:**
- **Lot No.:**
- **Block No.:**
- **County:** Twin Falls
- **Sec.:** 14 T. 9 R. 14

### 7. WATER LEVEL

- **Static water level:** 0 feet below land surface.
- **Flowing?** □ Yes □ No
- **Artesian closed-in pressure:** p.s.i.
- **Controlled by:** □ Valve □ Cap □ Plug
- **Temperature:** °F.
- **Quality:**

### 8. WELL TEST DATA

- **Discharge G.P.M.:**
- **Pumping Level:**
- **Hours Pumped:**

### 9. LITHOLOGIC LOG

| Hole | Depth | Material | Water
|------|-------|----------|-------|
| 12 | 154 | Firder Gravel | X
| 11 | 812 | Sandstone | X
| 10 | 15 | Bedrock | X

### 10. Work started Sept. 79 finished Oct. 79

### 11. DRILLERS CERTIFICATION

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

- **Firm Name:** Eising Drilling
- **Firm No.:** 31
- **Address:** Brf. 919
- **Date:** Nov. 15, 79
- **Signed by (Firm Official):**
- **Operator:**

---

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
**State of Idaho Department of 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.

**Form 238-7**

### 1. WELL OWNER

Name: **AL COLLINS**

Address: **LOS VEGAS NEV**

Owner's Permit No.: 

### 2. NATURE OF WORK

- New well
- Deepened
- Replacement
- Abandoned (describe method of abandoning)

### 3. PROPOSED USE

- Domestic
- Irrigation
- Test
- Municipal
- Industrial
- Stock
- Waste Disposal or Injection
- Other

### 4. METHOD DRILLED

- Rotary
- Air
- Hydraulic
- Reverse rotary
- Cable
- Dug
- Other

### 5. WELL CONSTRUCTION

#### Casing Schedule

- Steel
- Concrete
- Other

<table>
<thead>
<tr>
<th>Casing Thickness</th>
<th>Steel Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 inches</td>
<td>8 2 feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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

- Was well screen installed?  Yes  No
- Manufacturer's name:
- Type:  Diameter:  Slot size:  Set from feet to feet
- Diameter:  Slot size:  Set from feet to feet
- Gravel packed?  Yes  No  Size of gravel
- Placed from feet to feet
- Surface seal depth: 20 feet
- Material used in seal:  Cement grout
- Well cuttings
- Sealing procedure used:  Slurry pit  Tem. surface casing  Overbore to seal depth
- Method of joining casing:  Threaded  Welded  Solvent Weld
- Cemented between strata

### 6. LOCATION OF WELL

- Sketch map location must agree with written location.

### 7. WATER LEVEL

**AUG 19 1979**

- Static water level: 65 feet
- Flowing?  Yes  No
- Artesian closed-in pressure:  p.s.i.
- Controlled by:  Valve  Cap  Plug

### 8. WELL TEST DATA

#### Discharge

- Pump
- Baller
- Air
- Other

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth</th>
<th>Material</th>
<th>Water Yeal No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>0 3</td>
<td>TOP SOIL</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>35</td>
<td>DECOMPOSED LAVA</td>
<td>X</td>
</tr>
<tr>
<td>35</td>
<td>180</td>
<td>CLAY &amp; ROCK</td>
<td>X</td>
</tr>
<tr>
<td>78</td>
<td>180</td>
<td>HARD BLACK LAVA</td>
<td>X</td>
</tr>
<tr>
<td>180</td>
<td>200</td>
<td>HARD BROWN CLAY</td>
<td>X</td>
</tr>
<tr>
<td>200</td>
<td>210</td>
<td>GRAVEL &amp; WATER</td>
<td>X</td>
</tr>
</tbody>
</table>

### 11. DRILLERS CERTIFICATION

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

- Firm Name: **ELSTON, DOUG**
- Firm No.: 31
- Address: **PO. BOX 997**
- Date: **7/29/79**
- Signed by (Firm Official):  **RUSSELL GLENN**

- County: **TWIN FALLS**
- Sec. 11, T. 9 N., R. 148

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
1. WELL TAG NO. D 0043208
DRILLING PERMIT NO. 
Other IDWR No. 

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

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

4. USE:
☐ Domestic  ☐ Municipal  ☐ Monitor  ☐ Irrigation
☐ Thermal  ☐ Injection  ☐ Other

5. TYPE OF WORK; check all that apply
☐ New Well  ☐ Modify  ☐ Abandonment  ☐ Other
(Replacement etc.)

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

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Sacks or Pounds</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0</td>
<td>19</td>
<td>200 lbs</td>
<td>dry pour</td>
</tr>
</tbody>
</table>

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

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1</td>
<td>116</td>
<td>.250</td>
<td>steel</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Length of Headpipe 4'
Length of Tailpipe

9. PERFORATIONS/SCREENS:
☐ Perforations
☐ Screens
☐ Screen Type

From To Slot Size Number Diameter Material Casing Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

<table>
<thead>
<tr>
<th>Depth</th>
<th>Artesian pressure</th>
<th>ft. below ground</th>
<th>ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td></td>
<td>66</td>
<td></td>
</tr>
</tbody>
</table>

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

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Title</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yield gal/min.</td>
<td>90+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Temp. <85
Water Quality test or comments:

12. LITHOLOGIC LOG:
(Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bore</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>4</td>
<td>top soil</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>18</td>
<td>boulders &amp; gravel</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>36</td>
<td>gray clay &amp; boulders</td>
</tr>
<tr>
<td>6</td>
<td>36</td>
<td>54</td>
<td>boulders &amp; gravel</td>
</tr>
<tr>
<td>6</td>
<td>54</td>
<td>57</td>
<td>red &amp; black clinders</td>
</tr>
<tr>
<td>6</td>
<td>57</td>
<td>81</td>
<td>brown decomposed granite</td>
</tr>
<tr>
<td>6</td>
<td>81</td>
<td>87</td>
<td>black lava</td>
</tr>
<tr>
<td>6</td>
<td>87</td>
<td>98</td>
<td>black lava</td>
</tr>
<tr>
<td>6</td>
<td>96</td>
<td>204</td>
<td>black lava</td>
</tr>
<tr>
<td>6</td>
<td>204</td>
<td>306</td>
<td>soft lava &amp; clay</td>
</tr>
<tr>
<td>6</td>
<td>206</td>
<td>212</td>
<td>gravel</td>
</tr>
</tbody>
</table>

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 10/6/2006

Driller or Operator
Date 10/6/2006

Received Nov 07 2006 DEPT. OF WATER RESOURCES SOUTHERN REGION
**State of Idaho**

**Department of Water Administration**

**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.

**WELL OWNER**

Name: W.K. Miller  
Address: R-4, Buhl, Idaho 83316  
Owner's Permit No.:  

**NATURE OF WORK**

- ☑ New well  
- ☐ Deepened  
- ☐ Replacement  
- ☐ Abandoned (describe method of abandoning):  

**PROPOSED USE**

- ☑ Domestic  
- ☐ Irrigation  
- ☐ Test  
- ☐ Municipal  
- ☐ Industrial  
- ☐ Stock  

**METHOD DRILLED**

- ☑ Cable  
- ☐ Rotary  
- ☐ Dug  
- ☐ Other:  

**WELL CONSTRUCTION**

- Diameter of hole: 6" inches  
- Total depth: 106 feet

**WELL TEST DATA**

- Discharge G.P.M.:  
- Draw Down:  
- Hours Pumped:  

**LITHOLOGIC LOG**

<table>
<thead>
<tr>
<th>Hole Dia. From To</th>
<th>Depth From To</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot; 0 3</td>
<td>soil &amp; shale</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3 18</td>
<td>Rock &amp; Gravel</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>18 49</td>
<td>Rock hard to semi hard red changing to black</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>49 60</td>
<td>Rock Ext hard black</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>60 75</td>
<td>Rock hard to semi hard with green tcalc</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>75 95</td>
<td>Rock, Extra hard black with streaks of green tcalc</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>95 106</td>
<td>Rock, hard black</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**LOCATION OF WELL**

Sketch map location must agree with written location.

**LOCATION OF WELl**

- Sketch map location must agree with written location.

**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

**USE ADDITIONAL SHEETS IF NECESSARY**

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT
1. WELL OWNER
   Name: William Miller
   Address: 1558 East 4500 North, Buhl, ID 83316
   Drilling Permit No. 47-93-6-0018-000
   Water Flight Permit No. 

2. NATURE OF WORK
   - New well
   - Deepened
   - Replacement
   - Well diameter increase
   - Abandoned or modification procedures

3. PROPOSED USE
   - Domestic
   - Irrigation
   - Monitor
   - Industrial
   - Stock
   - Waste Disposal or Injection
   - Other

4. METHOD DRILLED
   - Rotary
   - Air
   - Auger
   - Reverse rotary
   - Cable
   - Mud
   - Other

5. WELL CONSTRUCTION
   Casing schedule:
   - Steel
   - Concrete
   - Other

6. LOCATION OF WELL
   Sketch map location must agree with written location.
   - Subdivision Name
   - Lot No.
   - Block No.
   - County
   - Address of Well Site

7. WATER LEVEL
   - Static water level: 
   - Flowing?
     - Yes
     - No
   - G.R.M. flow
   - Artesian closed-in pressure
   - Controlled by:
     - Valve
     - Cap
     - Plug
   - Temperature

8. WELL TEST DATA
   - Static water level:
   - Discharge G.R.M.
   - Pumping Level
   - Hours Pumped

9. LITHOLOGIC LOG
   - Borehole Depth
   - Material
   - Water

10. LOCATION
    - Work started
    - finished

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

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
**WELL DRILLER'S REPORT**

State of Idaho
Department of Water Resources

**WELL OWNER**
Name: Lee Bonney
Address: Bell, Idaho
Owner's Permit No.

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

**3. PROPOSED USE**
- Domestic
- Irrigation
- Test
- Other (specify type)

- Municipal
- Industrial
- Stock
- Waste Disposal or Injection

**4. METHOD DRILLED**
- Cable
- Rotary
- Dug
- Other

**5. WELL CONSTRUCTION**
- Diameter of hole: 6 inches
- Total depth: 220 feet
- Casing schedule:
  - 6 inches
- Thickness Diameter From To
  - 6 inches
- Was casing driven using? Yes No
- Was a packer or seal used? Yes No
- Perforated?
  - Yes No
- Perforated? Yes No
  - Factory Knife Torch
- Size of perforation: Inches by Inches
  - Number From To
  - perforations
- Well screen installed? Yes No
- Manufacturer's name
- Type
- Diameter Slot size Set from to feet
- Diameter Slot size Set from to feet
- Gravel packed? Yes No
- Size of gravel
- Placed from to feet
- Surface seal depth: 85
- Material used in seal: Cement grout
  - Puddling day
  - Pier in place

**7. WATER LEVEL**
- Static water level
- Water table elevation
- Flowing? Yes No
- G.P.M. flow
- Temperature: °F Quality
- Artesian closed-in pressure: p.s.i.
- Controlled by: Valve Cap Plug

**8. WELL TEST DATA**
- Discharge G.P.M.
- Draw Down
- Hours Pumped

**9. LITHOLOGIC LOG**

<table>
<thead>
<tr>
<th>Hole Dia.</th>
<th>Depth</th>
<th>Material</th>
<th>Water Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>65</td>
<td>O</td>
</tr>
<tr>
<td>55</td>
<td>67</td>
<td>Very Hard Rock</td>
<td>X</td>
</tr>
<tr>
<td>57</td>
<td>111</td>
<td>Very Hard Sand</td>
<td>X</td>
</tr>
<tr>
<td>111</td>
<td>185</td>
<td>Very Hard Sand</td>
<td>X</td>
</tr>
<tr>
<td>185</td>
<td>190</td>
<td>Very Hard Sand</td>
<td>X</td>
</tr>
<tr>
<td>190</td>
<td>220</td>
<td>Very Hard Sand</td>
<td>X</td>
</tr>
</tbody>
</table>

**10. LOCATION OF WELL**
Sketch map location must agree with written location.

**11. DRILLER'S CERTIFICATION**
- Firm Name: Fluss Well Drilling Firm No. 57
- Address: 6014 W. 4th Ave., Boise, Idaho
- Signed by (Firm Official) and (Operator)
State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

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

1. WELL OWNER
Name: EUGENE TRUCH REAL ESTATE
Address: BILLIDAM
Owner's Permit No.: 

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

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

4. METHOD DRILLED
- Cable
- Rotary
- Dug
- Other

5. WELL CONSTRUCTION
- Diameter of hole: 6 inches
- Total depth: 120 feet
- Casing schedule: Steel
- Thickness: 7 1/2 inches
- Diameter: 18 inches
- Perforations used: 19 feet
- Was casing drive shoe used?: Yes
- Was a packer or seal used?: Yes
- Perforated?: Yes
- How perforated?: Factory
- Size of perforation: inches by inches
- Number of perforations: From To
- Well screen installed?: Yes
- 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
- Size of gravel: 
- Placed from: feet to: feet
- Surface seal depth: 19 feet
- Material used in seal: Cement grout
- Pudding clay
- Well cuttings
- Sealing procedure used: 
- Sherry pit
- Temporary surface casing
- Of Overbars to seal depth

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

7. WATER LEVEL
- Static water level: 60 feet
- Temperature: ° F
- Quality:
- Artesian closed-in pressure: p.s.i.
- Controlled by: Valve
- Cap
- Plug
- G.P.M. flow:
- Discharge:
- Draw Down:
- Hours Pumped:

8. WELL TEST DATA
- Pump
- Bailer
- Other

9. LITHOLOGIC LOG
- Material: Greywacke
- Depth: From To
- Grade:
- Description:
- Color:

10. LOCATION OF WELL
- Work started: 9-22-77
- Finished: 9-23-77

11. DRILLERS CERTIFICATION
- Firm Name: EUGENE DRILLING
- Firm No.: 31
- Address: PO BOX 777
- Date: 11-28-77
- Signed by (Firm Official):
- Operator: 

USE ADDITIONAL SHEETS IF NECESSARY
FORWARD THE WHITE COPY TO THE DEPARTMENT
**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.

### WELL OWNER

Name: Don Watson  
Address: Buhl  
Owner's Permit No.: 

### 2. NATURE OF WORK

- [X] New well  
- [ ] Deepened  
- [ ] Replacement  
- [ ] Abandoned (describe method of abandoning) 

### 3. PROPOSED USE

- [X] Domestic  
- [ ] Irrigation  
- [ ] Test  
- [ ] Municipal  
- [ ] Industrial  
- [ ] Stock  
- [ ] Waste Disposal or Injection  
- [ ] Other (specify type) 

### 4. METHOD DRILLED

- [X] Rotary  
- [ ] Cable  
- [ ] Dug  
- [ ] Other 

### 5. WELL CONSTRUCTION

- [ ] Steel  
- [ ] Concrete  
- [ ] Other

<table>
<thead>
<tr>
<th>Layer</th>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topsoil Brown Clay Sand</td>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
<tr>
<td>Med Hard Brown Basalt w/seam breaks</td>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
<tr>
<td>NH Brown Basalt w/lig breaks +arcy</td>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
<tr>
<td>Med Hard W/lig breaks crevices</td>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
<tr>
<td>Med Hard Weaky/sm breaks</td>
<td>inches</td>
<td>inches</td>
<td>feet</td>
<td>feet</td>
</tr>
</tbody>
</table>

### 7. WATER LEVEL

- Static water level 30 feet below land surface.
- Flowing: [X] Yes  
- [ ] No  
- G.P.M. flow 
- Artesian closed-in pressure: [ ] p.s.i.
- Controlled by: [ ] Valve  
- [ ] Cap  
- [ ] Plug  
- Temperature: [ ] °F.  
- Quality: [ ] 

### 8. WELL TEST DATA

- Discharge G.P.M.: [ ] 600  
- [ ] 30  
- Pumping Level: [ ] 15'  
- Hours Pumped: 

### 9. LITHOLOGIC LOG

- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Hole</th>
<th>Depth From</th>
<th>Material</th>
<th>Water Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 - 10</td>
<td>Topsoil Brown Clay Sand</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>10 - 18</td>
<td>Med Hard Brown Basalt w/seam breaks</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>18 - 60</td>
<td>NH Brown Basalt w/lig breaks +arcy</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>60 - 60</td>
<td>Med Hard W/lig breaks crevices</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>60 - 80</td>
<td>Med Hard Weaky/sm breaks</td>
<td>X</td>
</tr>
</tbody>
</table>

### 10. LOCATION OF WELL

- Sketch map location must agree with written location.

### 11. DRILLERS CERTIFICATION

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

**Signature:**  
**Date:**

**Address:**

**Operator:**

**Firm Name:** SMITH DRILLING & PUMP CO., INC.

**Signed by:**  
**Date:**  

**County:** Twin Falls

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT
**WELL DRILLER'S REPORT**

**1. WELL TAG NO.** D 0043034
**DRILLING PERMIT NO.** 840437

**2. OWNER:**
**Name:** John Higley
**Address:** 2003 E 3700 N, Preston, ID, 83851

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

<table>
<thead>
<tr>
<th>Twp</th>
<th>N 9</th>
<th>Rge</th>
<th>E 14</th>
<th>Sec</th>
<th>NE 1/4 NW 1/4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address or well site:** 1430 Riverview, Buhl, ID, 83316

**4. USE:**
- [X] Domestic
- [ ] Municipal
- [ ] Monitor
- [ ] Injection
- [ ] Thermal
- [ ] Injection
- [ ] Other

**5. TYPE OF WORK:**
- [X] New Well
- [ ] Modify
- [ ] Abandonment
- [ ] Other

**6. DRILL METHOD:**
- [X] Air Rotary
- [ ] Cable
- [ ] Mud Rotary
- [ ] Other

**7. SEALING PROCEDURES:**

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>AMOUNT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0/20</td>
<td>dry</td>
</tr>
</tbody>
</table>

Was drive shoe used? [X] Y [N] Shoe Depth(s) 179' .

**8. CASING/LINER:**

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Guage</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>178</td>
<td>.250</td>
<td>steel</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of Headpipe: Length of Tailpipe: .

**9. PERFORATIONS/SCREENS:**
- [X] Perforations
- [ ] Methods
- [ ] Pipe screens

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Casing</th>
<th>Liner</th>
<th>Casing</th>
<th>Liner</th>
<th>Casing</th>
<th>Liner</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>180</td>
<td>1&quot;</td>
<td>150</td>
<td>1/4 steel</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
151 ft. below ground. Artesian pressure ________ lb. .

**11. WELL TESTS:**

<table>
<thead>
<tr>
<th>Yield gal/min.</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>40+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Water Temp. <85**
Bottom hole temp. <85
Water Quality test or comments: Depth first water encounter 181

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

<table>
<thead>
<tr>
<th>Bore</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>7</td>
<td>top soil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>8</td>
<td>boulders &amp; gravel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>81</td>
<td>181</td>
<td>gravel &amp; cinders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>181</td>
<td>0</td>
<td>gravel &amp; cinders</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**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 Office: 8/27/2009
Driller or Operator
Date: 8/27/2008
(Sign once if Firm Official & Operator)
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D0034661
DRILLING PERMIT NO. 828777
Other IDWR No. 

2. OWNER:
Name: Doug Paltinger
Address: 480 Woodland Ct
City: Buhl
State: ID
Zip: 83318

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

4. USE:
[X] Domestic  [ ] Municipal  [ ] Monitor  [ ] Irrigation
[ ] Thermal  [ ] Injection  [ ] Other

5. TYPE OF WORK: check all that apply
[ ] New Well  [ ] Modify  [ ] Abandonment  [ ] Other

6. DRILL METHOD:
[X] Air Rotary  [ ] Cable  [ ] Mud Rotary  [ ] Other

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>AMOUNT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0 19 500 #</td>
<td>dry pour</td>
</tr>
</tbody>
</table>

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

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>1</td>
<td>179</td>
<td>.250</td>
<td>steel</td>
</tr>
</tbody>
</table>

Length of Headpipe 1  Length of Tailpipe

9. PERFORATIONS/SCREENS:

[X] Perforations  Method: air perforation

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>180</td>
<td>1</td>
<td>200</td>
<td>1/4</td>
<td>steel</td>
</tr>
</tbody>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
134 ft. below ground  Artesian pressure  0 ft.  Depth flow encountered  0 ft.  Describe access point or control devices: well cap

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gal/min.</th>
<th>Deasedown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bed</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>2</td>
<td>top soil</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>19</td>
<td>boulders and gravel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>19</td>
<td>84</td>
<td>boulders and gravel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>84</td>
<td>141</td>
<td>gravel and cinders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>141</td>
<td>180</td>
<td>gravel, cinders and talc</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

RECEIVED
FEB 1 1 2005
Department of Water Resources
Southern Region

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

13. DRILLER'S CERTIFICATION:
[X] 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.

Driller or Operator:  S. L. C.  27/05
WELL DRILLER'S REPORT

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

1. WELL OWNER
   Name: Dave Erickson
   Address: Bell, Idaho
   Owner's Permit No.

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

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

4. METHOD DRILLED
   - Cable
   - Rotary
   - Dug
   - Other

5. WELL CONSTRUCTION
   - Diameter of hole: 6" 60 feet
   - Casing schedule: Steel
   - Diameter: From 2-5/8" to 2-3/4"
   - Thickness: From 2-5/8" to 2-3/4"
   - Total depth: 60 feet
   - Was a packer or seal used? Yes
   - Perforated? No
   - How perforated? Factory
   - Size of perforation: 1/4" by 1/4"
   - Number of perforations: 100
   - Well screen installed? Yes
   - Manufacturer's name
   - Diameter: 6" Slot size: 1/4"
   - Gravel packed? Yes
   - Size of gravel: 1/2" to 2"
   - Placed from: 60 feet
   - Surface seal depth: 60 feet
   - Material used in seal: Cement grout
   - Cutting procedure used: Drilling

6. LOCATION OF WELL
   - Subdivision Name: Green
   - Lot No.: Block No.
   - County: Twin Falls
   - Range: T 9 N 14 E

7. WATER LEVEL
   - Static water level: 82 feet below land surface
   - Flowing: Yes
   - G.P.M. flow
   - Temperature: ° F
   - Quality:
   - Artesian closed-in pressure: p.s.i.
   - Controlled by: Valve

8. WELL TEST DATA
   - Discharge G.P.M.
   - Draw Down
   - Hours Pumped

9. LITHOLOGIC LOG
   - Hole Log
   - Water Test Sample

10. Work started: 4-10-74 finished: 4-14-74

11. DRILLER'S CERTIFICATION
   - Firm Name: B.B. Lund
   - Firm No.: 791
   - Address: 1807 Main St.
   - Signed by (Firm Official) and (Operator)

USE ADDITIONAL SHEETS IF NECESSARY
FORWARD THE WHITE COPY TO THE DEPARTMENT
STATE OF IDAHO

WELL OWNER:
Name: Mrs. Pennington
Address: Buhl, Idaho

Owner's Permit No.:

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

Water to be used for:
domestic

METHOD OF CONSTRUCTION: Rotary
Cable
Dug
Other

Casing Schedule:
Threaded
Welded

Explain:

(Explain)

Perforated?: Yes No
Type of perforator used:

Explain:

Size of perforations:

in
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

Explain:

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

USGS

Use other side for additional remarks.
REPORT OF WELL DRILLER
State of Idaho

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: Bull, Idaho
Owner's Permit No.

NATURE OF WORK (check):
Replacement well [X] Deepened [□] Abandoned [□]

Well is to be used for: Domestic

METHOD OF CONSTRUCTION: Rotary [□] Cable X

Casing Schedule: Threaded [□] Welded [X]

"Diam. from ft. to ft.
"Diam. from ft. to ft.
"Diam. from ft. to ft.

Thickness of casing: 1.186
Steel [X] concrete [□] wood [□] other [□]

Perforated? Yes [□] No [X] Type of perforator used:

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

"S Screen Installed? Yes [□] No [X]

Manufacturer's name

Type
Diam.
Slot size
Set from ft. to ft.

Construction: Well gravel packed? Yes [X] No [□]

No. [X] size of gravel: Gravel placed from ft. to ft. Surface seal provided? Yes [□] No [X] To what depth? ft.

Material used in seal:

Did any strata contain unusable water? Yes [X] No [□]

No. [X] Type of water:

Depth of strata ft. Method of sealing strata off:

Surface casing used? Yes [X] No [□]
Cemented in place? Yes [□] No [□]

Locate well in section

work started: October 10, 1963
work finished: October 20, 1963

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: 1602 Kings Avenue Twin Falls, Idaho

Signed by: Harry A. Moore
License No. [□] Date: October 20, 1963

Use other side for additional remarks
WELL DRILLER'S REPORT

7. WATER LEVEL
Static water level 185.0 feet below land surface.
Flowing: Yes
Artesian closed-in pressure 0 p.s.i.
Temperature cold C. Quality

describe artesian or temperature zones below.

8. WELL TEST DATA
Discharge G.P.M. Pumping Level Hours Pumped

N/A

9. LITHOLOGIC LOG

| Bore | Depth | Material | Water
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sealed 2.0</td>
<td>Silty SAND</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>91.6</td>
<td>BASALT, dark grey</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>91.6135</td>
<td>BASALT, brown to grey</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>158</td>
<td>BASALT, brown to grey</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>BASALT, brown</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>SANDSTONE</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

(CNI Well No. WH-3D)

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.

Name: Chen-Northern Firm No. 459

Address: PO Box 7777, Boise ID 83704

Signed by: (Firm Official) 

(Operator)
State law requires that this report be filled with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

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

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

### 4. METHOD DRILLED
- Rotary
- Air
- Hydraulic
- Reverse rotary
- Other

### 5. WELL CONSTRUCTION

#### Casing schedule:
- **Steel**
- **Concrete**
- **Other**

<table>
<thead>
<tr>
<th>Thickness</th>
<th>Diameter</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inches</td>
<td>Inches</td>
<td>Feet</td>
<td>Feet</td>
</tr>
<tr>
<td>4&quot;</td>
<td>4&quot;</td>
<td>0.93 feet</td>
<td>114.3 feet</td>
</tr>
</tbody>
</table>

- Was casing drive woe used? **Yes** | **No**
- Was a packer or seal used? **Yes** | **No**
- Perforated? **Yes** | **No**
- How perforated? **Factory** | **Knife** | **Torch** | **Gun**

#### Well screen installed? **Yes** | **No**
- **Steel**
- **Concrete**
- **Other**

- Manufacturer's name: **Aardvark**
- Type: **4" PVC**
- Model No.: **S"**

#### Diameter: Slot size
- **Set from** 89.2 feet to 108.6 feet
- **Set into** feet to feet

#### Gravel packed? **Yes** | **No**
- **Size of gravel** 1/4"
- **Placed from** feet to feet

#### Surface seal depth
- **75** feet below land surface

#### Material used in seal? **Cement grout**
- **Bentonite**
- **Struvy pit**
- **Temp. surface casing**
- **Drilled pipe or other**

#### 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 location

<table>
<thead>
<tr>
<th>County</th>
<th>Township</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalinga</td>
<td>N 4 W 6 E</td>
<td>16 S 3 E 15 W</td>
</tr>
</tbody>
</table>

### 7. WATER LEVEL
- Static water level 89.5 feet below land surface
- Flowing? **Yes** | **No**
- G.P.M. flow
- Artesian closed-in pressure
- Controlled by: **Valve** | **Cap** | **Plug**
- Temperature cold or quality

### 8. WELL TEST DATA
- **Pump** | **Bailer** | **Air** | **Other**

<table>
<thead>
<tr>
<th>Discharge</th>
<th>Pumping Level</th>
<th>Hours Pumped</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bor</th>
<th>Material</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot;</td>
<td>0.5</td>
<td>Topsoil</td>
</tr>
<tr>
<td>8&quot;</td>
<td>0.5</td>
<td>Silty SAND</td>
</tr>
<tr>
<td>8&quot;</td>
<td>1.7</td>
<td>BASALT, dark grey</td>
</tr>
<tr>
<td>8&quot;</td>
<td>62.5</td>
<td>BASALT, grey to brown</td>
</tr>
<tr>
<td>8&quot;</td>
<td>115</td>
<td>BASALT, brown, weathered</td>
</tr>
</tbody>
</table>

### 10. Work started 4-2-91 finished 4-3-91

### 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 83709-9004

Signed by (Firm Official) and (Operator)
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.

WELL OWNER

Name: Neal Ambrose
Address: Wendell, ID
Owner's Permit No.: ____________

2. NATURE OF WORK

□ New well □ Deepened □ Replacement □ Abandoned (describe methods used)

3. PROPOSED USE

□ Domestic □ Irrigation □ Municipal □ Industrial □ Stock □ Waste Disposal or Injection

4. METHOD DRILLED

□ Cable □ Rotory □ Dug □ Other

5. WELL CONSTRUCTION

Diameter of hole: __ inches
Total depth: __ feet
Casing schedule: □ Steel □ Concrete
Thickness: From ___ inches to ___ inches

6. LOCATION OF WELL

Sketch map location must agree with written location.

7. WATER LEVEL

Static water level: __ feet below land surface
Flowing? □ Yes □ No G.P.M. flow
Temperature: __ ° F. Quality: __
Artesian closed-in pressure: __ psig
Controlled by: □ Valve □ Cap □ Plug

8. WELL TEST DATA

Discharge G.P.M.: __
Draw Down: __
Hours Pumped: __

9. LITHOLOGIC LOG

Material: __
Water: __

10. Work started: __ finished: __

11. DRILLER'S CERTIFICATION

Firm Name: __
Address: __
Signed by (Firm Official): __
and (Operator): __

USE ADDITIONAL SHEETS IF NECESSARY FORWARDED THE WHITE COPY TO THE DEPARTMENT
ACTION OF THE DEPARTMENT OF WATER RESOURCES

This application for abandonment has been reviewed by IDWR on 6/3/08
This review does not constitute an endorsement by IDWR of the proper abandonment of this well.
Pursuant to Section 42-238(12), Idaho Code, all abandonments must meet the requirements of the Administrative Rules for Well Construction Standards. (Abandonment of this well will require the services of a well driller licensed in the State of Idaho unless a waiver has been granted.)

Signature of Authorized Department Representative

ABANDONMENT REPORT

ABANDONMENT PROCEDURES:
Must describe all details of work performed including perforations, scaling materials and how casing was removed.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>FROM</th>
<th>TO</th>
<th>WEIGHT / VOLUME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/8&quot; bentonite chips</td>
<td>0</td>
<td>190</td>
<td>54 bags (56 bags)</td>
</tr>
<tr>
<td>dry pour</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with

Company Name: Eaton Drilling License #: 246
Driller: Don C Date: 6-3-08
Operator: Date: 

Page 2 of 3
1. WELL TAG NO. D0036747
DRILLING PERMIT NO. ____________________________
Other IDWR No. ____________________________

2. OWNER:
Name ____________________________
Address ____________________________
City ____________________________ State ID Zip ____________________________

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

4. USE:
[ ] Domestic [ ] Municipal [ ] Monitor [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Other ____________________________

5. TYPE OF WORK: check all that apply
[ ] New Well [ ] Modify [ ] Abandonment [ ] Other ____________________________

6. DRILL METHOD:
[ ] Air Rotary [ ] Cable [ ] Mud Rotary [ ] Other ____________________________

7. SEALING PROCEDURES:

<table>
<thead>
<tr>
<th>Material</th>
<th>From</th>
<th>To</th>
<th>Sacks or Barrels</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>bentonite</td>
<td>0</td>
<td>19</td>
<td>200 lbs</td>
<td>dry pour</td>
</tr>
</tbody>
</table>

Was drive shoe used? [ ] Y [ ] N Shoe Depth(s) ____________________________
Was drive shoe seal tested? [ ] Y [ ] N How? ____________________________

8. CASING/LINER:

<table>
<thead>
<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
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<tbody>
<tr>
<td>6</td>
<td>1</td>
<td>19</td>
<td>.250</td>
<td>steel</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>8</td>
<td>45</td>
<td>125</td>
<td>.250</td>
<td>steel</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
</tbody>
</table>

Length of Headpipe ____________________________
Length of Tailpipe ____________________________

9. PERFORATIONS/SCREENS:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded</th>
<th>Threaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>100</td>
<td>100</td>
<td>1/4</td>
<td>steel</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Pump</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td></td>
</tr>
</tbody>
</table>

Yield gal/min. ______ Drawdown ______ Pumping Level ______ Time ______

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Bore</th>
<th>From</th>
<th>To</th>
<th>Depth or Screen</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>7</td>
<td>top soil</td>
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<td>56</td>
<td>61</td>
<td>soft broken &amp; clay</td>
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<td></td>
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<tr>
<td>8</td>
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<td>66</td>
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<tr>
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<td>87</td>
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<td>8</td>
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<td>91</td>
<td>soft brown lava &amp; ash</td>
<td></td>
<td></td>
<td></td>
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<td>X</td>
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<tr>
<td>8</td>
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<td>121</td>
<td>brown clay &amp; ash</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>121</td>
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<td></td>
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</tr>
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<td>137</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>155</td>
<td>178</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>178</td>
<td>183</td>
<td>soft brown lava &amp; brown clay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>183</td>
<td>190</td>
<td>black lava</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________
Driller or Operator ____________________________ Date: ____________________________

(Sign once if Firm Official & Operator)
### 1. WELL OWNER
**Name:** Steven Miller  
**Address:** Rt. 4, Box 219 D, Buhl, ID 83316  
**Drilling Permit No.:** 47-91-8-061  
**Water Right Permit No.:**  

### 2. NATURE OF WORK
- [ ] New well  
- [ ] Deepened  
- [ ] Replacement  
- [ ] Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

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

### 4. METHOD DRILLED
- [ ] Rotary  
- [ ] Air  
- [ ] Hydraulic  
- [ ] Reverse rotary  
- [ ] Cable  
- [ ] Dug  

### 5. WELL CONSTRUCTION
- **Casing schedule:**  
  - [ ] Steel  
  - [ ] Concrete  
  - [ ] Other  
  - **Thickness:**  
    - inches  
    - 1 foot  
    - 2 feet  
  - **Manufacturer's name:**
  - **Type:**
  - **Model No.:**
  - **Diameter:**
  - **Slot size:**
  - **Set from:**  
    - feet  
    - to feet  
  - **Gravel packed:**  
  - **Placed from:**  
    - feet  
    - to feet  
  - **Surface seal depth:**
  - **Material used in seal:**  
  - **Bentonite:**
  - **Puddling clay:**
  - **Sealing procedure used:**  
    - [ ] Slurry pit  
    - [ ] Temp. surface casing  
    - [ ] Overbore to seal depth  
  - **Method of joining casing:**  
  - **Perforated:**  
  - **Number of perforations:**  
    - inches  
    - feet  
    - [ ] Yes  
    - [ ] No  
  - **Well screen installed:**  
    - [ ] Yes  
    - [ ] No  
  - **Type:**
  - **Model No.:**
  - **Diameter:**
  - **Slot size:**
  - **Set from:**  
    - feet  
    - to feet  
  - **Surface seal depth:**
  - **Material used in seal:**  
  - **Bentonite:**
  - **Puddling clay:**
  - **Sealing procedure used:**  
    - [ ] Slurry pit  
    - [ ] Temp. surface casing  
    - [ ] Overbore to seal depth  
  - **Method of joining casing:**  
  - **Perforated:**  
  - **Number of perforations:**  
    - inches  
    - feet  
    - [ ] Yes  
    - [ ] No  
  - **Well screen installed:**  
    - [ ] Yes  
    - [ ] No  

### 6. LOCATION OF WELL
- **Sketch map location must agree with written location:**
- **Subdivision:**
- **Lot No.:**
- **Block No.:**

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

### 8. WELL TEST DATA
- **Discharge G.P.M.:**
- **Pumping Level:**
- **Hours Pumped:**

### 9. LITHOLOGIC LOG

<table>
<thead>
<tr>
<th>Bore Diameter</th>
<th>Depth</th>
<th>Material</th>
<th>Water Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>8&quot;</td>
<td>0</td>
<td>Topsoil</td>
<td>x</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>Lava</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>14</td>
<td>Red cinders</td>
<td>x</td>
</tr>
<tr>
<td>18</td>
<td>18</td>
<td>Lava</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>Red cinders &amp; clay</td>
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<tr>
<td>27</td>
<td>27</td>
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</table>

### 10. WELL TEST DATA
- **Discharge G.P.M.:**
- **Pumping Level:**
- **Hours Pumped:**

### 11. DRILLERS CERTIFICATION
- [ ] We certify that all minimum well construction standards were complied with at the time the rig was removed.
- **Firm Name:** Eising Drilling  
- **Firm No.:** 31  
- **Address:** P.O. Box 919, Twin Falls, ID 83301  
- **Date:** 7-9-91  
- **Signed by (Firm Official):**
- **(Operator):**

**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**
1. DRILLING PERMIT NO. 47-94-5-0166-000
Other IDWR No.

2. OWNER:
Name: David Snedicor
Address: 1451 West Clear Lake Grade,
City: Buhl, State: Idaho Zip 83316

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

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

<table>
<thead>
<tr>
<th>Seal/Filter Pack</th>
<th>AMOUNT</th>
<th>METHOD</th>
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<tbody>
<tr>
<td>Bentonite</td>
<td>0-20</td>
<td>Dry</td>
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8. CASING/LINER:

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<tr>
<th>Diameter</th>
<th>From</th>
<th>To</th>
<th>Gauge</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
<th>Welded Thickness</th>
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Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Slot Size</th>
<th>Number</th>
<th>Diameter</th>
<th>Material</th>
<th>Casing</th>
<th>Liner</th>
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</thead>
</table>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
114 ft. below ground Artesian pressure 0 lb.
Depth flow encountered _______ ft. Describe access port or control devices: Storage Well Cap

11. WELL TESTS:

<table>
<thead>
<tr>
<th>Yield gpm</th>
<th>Drawdown</th>
<th>Pumping Level</th>
<th>Time</th>
</tr>
</thead>
</table>

Water Temp. - 85
Bottom hole temp.
Water Quality test or comments: Small Particles / Odor

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

<table>
<thead>
<tr>
<th>Depth</th>
<th>From</th>
<th>To</th>
<th>Remarks: Lithology, Water Quality &amp; Temperature</th>
<th>Y</th>
<th>N</th>
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SEP 28, 1994
Department of Water Resources
Southern Region Office

RECEIVED
SEP 2-9-934
Department of Water Resources

Completed Depth 1185' (Measurable)
Date: Started Sept 1, 1994 Completed Sept 9, 1994

13. DRILLER'S CERTIFICATION

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

Firm Name: Idaho Drilling
Firm No. 36

Firm Official:                     Date: 9-16-94
and
Supervisor or Operator: Paul Cupp
Date: Sept 11/94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES