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DEC 6 1960
Department of Reclamation

**WELL LOG AND REPORT OF THE
STATE RECLAMATION ENGINEER OF IDAHO**

Permit No. 28561 Well No. _____ County Blaine

034411

Locate well in section

Owner K.F. Heltyer

Address Sun Valley

Driller Ernest W. Walker

Address Twin Falls

Well location SE 1/4 NW 1/4 Sec. 28, T. 1 N. R. 19 E.

Size of drilled hole 20 in

NW 1/4	NE 1/4
SW 1/4	SE 1/4

Total depth of well 140

Give depth to standing water from the ground 57 1/2 Water temp. 46 °Fahr.

On "Pumping Test" delivery was 3200 g.p.m. or _____ c.f.s. Drawdown was 44 feet.

Size of pump and motor used to make test 12 in Bowl 300 HP Diesel

Length of time of test 3 hours _____ minutes.

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

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

Water will be used for Irrigation Weight of casing per lineal foot 65 - lb

Thickness of casing 5/16 Casing material Steel
(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 20" 140 ft
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
20	0	140	140	

Mills Knife 1/2 x 3
Number and size of perforations 30 Per foot located 57 feet to 68 feet from ground

April 74 81
81 100
175 126

Date of commencement of well 25 May 60 Date of completion of well 23 May 60

SE NW S. 28 IN 19 E

WELL LOG

From Feet	To Feet	Type of Material	Water-bearing Formation Ans. Yes or No	Casing Perforated Ans. Yes or No
0	3	Surface		
3	67	Gravel, sand small Boulders, with clay	no	no
67	68	Clean gravel	yes	yes
68	74	Clay & gravel	no	yes
74	81	Coarse gravel - clean	yes	yes
81	100	gravel & clay	?	yes
100	115	Large amount of clay with gravel	no	no
115	140	Clean coarse gravel	yes	yes

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 true and correct to the best of my knowledge and belief.

Signed Eugene W. Walker
 By _____

Dated 8 Oct, 1966.

License No. 15

**WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO**

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SEP 18 1957
Department of Reclamation

Location Corrected by IDWR To:
T01S R19E Sec. 5 SENE
By: mciscell 2013-10-11
Rec. _____, 19____
Well No. _____
Permit No. _____

(DO NOT FILL IN)

Owner B. R. Stocking Address Gannett
 Driller Eugene A. Walker Address Twin Falls Lic. No. 15
 Location of Well: LOT 1 NE 1/4 SE 1/4 Sec. 5, T. 1 N/S, R. 19 E/W BLAINE County,
 and 50 feet N/S, and 800 feet W from NE Corner of NE 1/4 SE 1/4 Sec. 5
 Size of Drilled Hole 20 Total depth of Well 80
 Give depth of standing water from surface 14 1/2 Water Temp. 52 °Fahrenheit
 On pumping test delivery was See notes g.p.m. or _____ c.f.s. Drawdown was 18 feet.
 Size of pump and motor used to make the test 50 HP
 Length of time pumped during check was Permanent hr., _____ minutes.
 If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
 If flowing well, describe control works _____
(TYPE AND SIZE OF VALVE, ETC.)
 Water will be used for Irrigation Weight of casing per linear foot 65 lb
 Thickness of casing 5/16 Casing material Steel
E.G., PIPE, CONCRETE, WOOD.
 Diameter, length and location of casing _____
(CASING 12" IN DIAMETER AND UNDER GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER GIVE OUTSIDE DIAMETER.)
 Number and size of perforations 17/10 located 19 feet to 77 feet
 from surface of ground.
 Other perforations _____
 Date of commencement of well 29 July 1957 Date of completion of well 6 Aug 1957
 Type of well rig Churn

CASING RECORD

DIAM. CASING	FROM FEET	TO FEET	LENGTH	"REMARKS" -- SEALS, GROUTING, ETC.

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

Permanent Pump delivers about 4200 G.P.M. with 50 H.P.

LOT 1 NESE 5.5 IS 19E
SE 11E

Basin 37
App 865580
Per 768339

ID 340336

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. **D0016251**
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name **G. Bashaw % Broakway Engineers**
Address **2016 North Washington Suite 4**
City **Twin falls** State **ID** Zip **83301**

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

N									
			Twp. 1	North <input type="checkbox"/>	or	South <input checked="" type="checkbox"/>			
			Rge. 19	East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>			
			Sec. 2	1/4 NW 1/4 SW 1/4					
			Gov't Lot _____	County Blaine					
			Lat: _____	Long: _____					
S			Address of Well Site Loving Springs Ranch						
W			City Gannett						
E			(Give at least name of road + Distance to Road or Landmark)						
			Lt. _____	Blk. _____	Sub. Name _____				

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

5. TYPE OF WORK: check all that apply (Replacement etc.)
 New Well Modify Abandonment Other _____

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

7. SEALING PROCEDURES:

Seal/Filter Pack		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
bentonite	0 19	300 lbs.	dry pour	

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

8. CASING/LINER:

Diameter	From	To	Guage	Material	Casing	Liner	Welded	Threaded
18"	+2	138	.025	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe **2'** Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

Perforations Method **air perforator**
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
30	136	1 1/2	200	1/4	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	125	4"	411	3/4	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

11. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
24	0	5	top soil		
24	5	12	sand & gravel		
24	12	20	sand & gravel	<input checked="" type="checkbox"/>	
18	20	24	sand & gravel	<input checked="" type="checkbox"/>	
18	24	47	soft sandy clay & gravel		
18	47	64	1/4-2" gravel	<input checked="" type="checkbox"/>	
18	64	73	brown clay		
18	73	98	1/4-2" gravel clean	<input checked="" type="checkbox"/>	
18	98	107	brown sand & gravel	<input checked="" type="checkbox"/>	
18	107	112	soft brown sand	<input checked="" type="checkbox"/>	
18	112	139	sand & boulders	<input checked="" type="checkbox"/>	

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AUG 13 2001
Department of Water Resources
Southern Region

Completed Depth **139'** (Measurable)
Date: Started **4/19/2001** Completed **6/29/2001**

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

Company Name **Eaton Drilling & pump Service, Inc.** Firm No. **26**
Firm Official *[Signature]* Date **8/8/01**
and
Driller or Operator *[Signature]* Date **8/8/01**
(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 Jerry Bradshaw
Address 195 E Morgan St. Perris Ca. 93270
water permit # 37-4141
Owner's Permit No. 37-90-S-071-200

7. WATER LEVEL

Static water level 18 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 good
Describe artesian or temperature zones below.

2. NATURE OF WORK

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

8. WELL TEST DATA

Pump Bailer Air Other _____

3. PROPOSED USE

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

Discharge G.P.M.	Pumping Level	Hours Pumped
Not tested		

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____
Thickness .250 inches Diameter 16 inches From 1 feet To 70 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch Gun
Size of perforation 2" inches by 1/8" inches
Number From To
640 perforations 28 feet 68 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 20 _____ 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 _____

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
20	0	4	Top soil and gravel		X
20	4	16	Gravel set in clay		X
20	16	19	Yellow clay		X
16	19	26	Gravel set in clay		X
16	26	59	Gravel and sand	X	
16	59	66	Clay and silt	X	
16	66	70	Gravel and clay	X	

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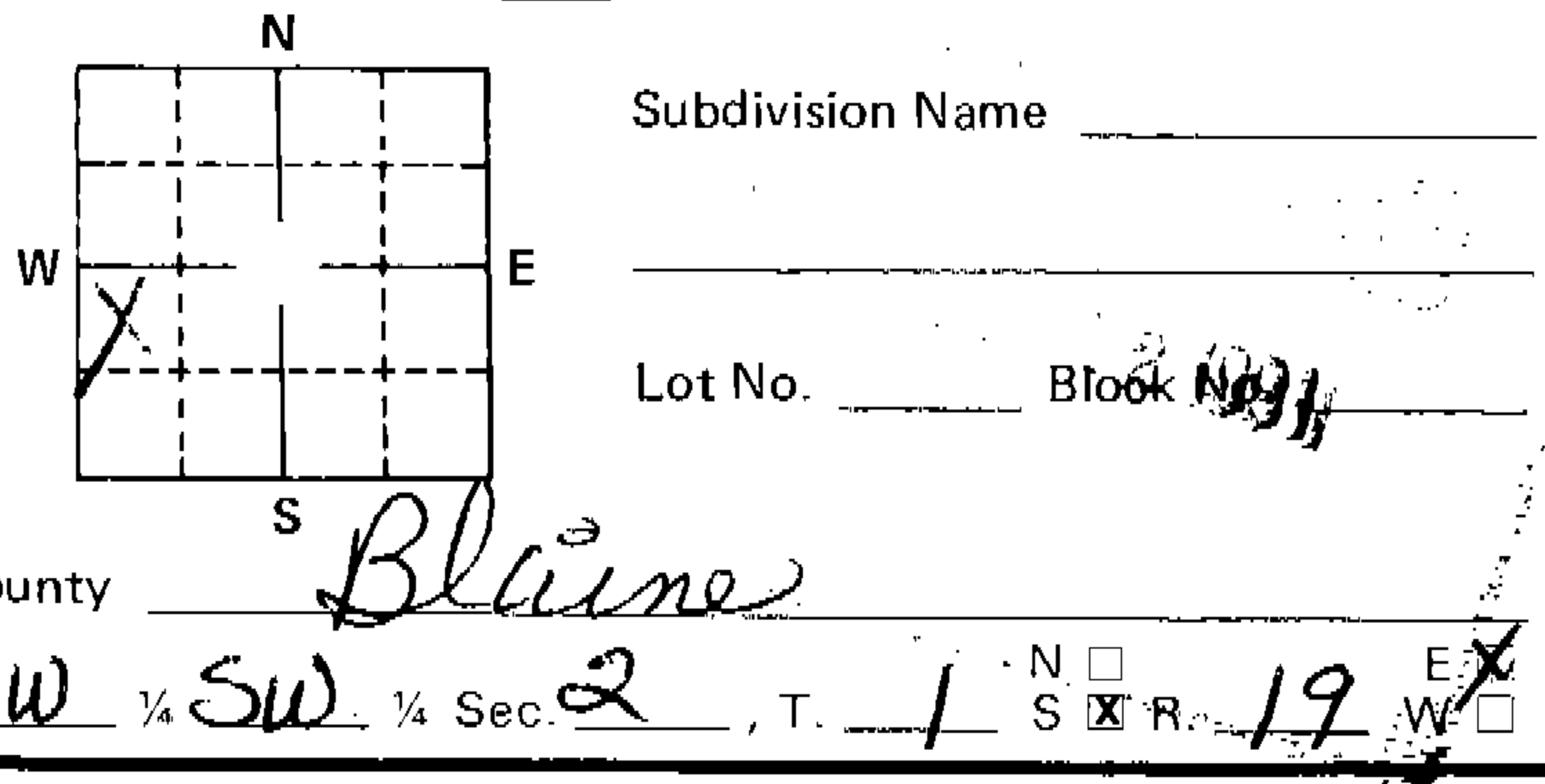
Department of Water Resources
Southern Region Office

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JUL 3 1990

Department of Water Resources

6. LOCATION OF WELL

Sketch map location must agree with written location.



10.

Work started 5-8-90 finished 5-17-90

11. DRILLERS CERTIFICATION

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

WOOD RIVER DRILLING AND PUMP Firm No. 265
Address BOX 1165 788-3163
HAILEY, IDAHO 83333 Date 6-12-90
Signed by (Firm Official) Ken Smith
and
(Operator) Ken Smith

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 Picaboo Livestock Co. Inc.
 Address PO Box 688 Picabo Idaho 83448
 Drilling Permit No. 37-91-S-005-200
 Water Right Permit No. A 37-02444

7. WATER LEVEL
 Static water level 21 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 Clear-Excellent
Describe artesian or temperature zones below.

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

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>5400</u>	<u>21'</u>	

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

9. LITHOLOGIC LOG 87211

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
20'	0'	2'	Top soil		X
	2'	7'	Gravel and Brown Clay		X
	7'	9'	Gray Sand		X
	9'	21'	Gray sandy clay		X
	21'	25'	walnut size Gravel	X	
	25'	40'	Gray sandy clay		X
	40'	55'	Loose Black Lava & Brown Clay		X
	55'	65'	Solid Black Lava		X
	65'	75'	Red Cinders	X	
	75'	140'	Firm Black Lava crevassed	X	
	140'	162'	Very hard, solid Basalt		X
	162'	170'	Broken Black Lava - caving-	X	

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

5. WELL CONSTRUCTION
 Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>20</u> inches	<u>1</u> feet	<u>55</u> feet
<u>.250</u> inches	<u>16</u> inches	<u>30</u> feet	<u>75</u> 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 1/2 inches by 3 inches

Number	From	To
<u>160</u> perforations	<u>50</u> feet	<u>70</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Gravel packed? Yes No Size of gravel _____
 Placed from _____ feet to _____ feet
 Surface seal depth 55' 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 pump base

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

Subdivision Name _____
 Lot No. _____ Block No. _____
 County Blaine
NW 1/4 SW 1/4 Sec. 20, T. 15 S, R. 20 W

10. Work started Feb 14-92 finished March 27-92

11. DRILLERS CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name Martin's Well Service Firm No. 478
 Address P.O. Box 923 Rexburg Date 4-11-92
 Signed by (Firm Official) [Signature]
 and
 (Operator) [Signature]

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APR 4 1961

**WELL LOG AND REPORT OF THE
STATE RECLAMATION ENGINEER OF IDAHO**

Department of Reclamation
034560

Permit No. _____ Well No. _____ County Blaine
 Owner Picabo Livestock Co
 Address Picabo Idaho
 Driller Eugene W Walker
 Address Twin Falls
 Well location SW 1/4 SE 1/4 Sec 20, T. 1 N/S, R. 10 E/W
 Size of drilled hole 16 in
 Total depth of well 173

Locate well in section

NW 1/4	NE 1/4
SW 1/4	SE 1/4

Give depth to standing water from the ground 14 1/2 Water temp 49 °Fahr.
 On "Pumping Test" delivery was 2700 g.p.m. or _____ c.f.s. Drawdown was 55 feet.
 Size of pump and motor used to make test 12 in Bowl - 200HP
 Length of time of test 7 hours _____ minutes.
 If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____
 If flowing well, described control works _____ (TYPE AND SIZE OF VALVE, ETC.)
 Water will be used for Supplemental Irrigation Weight of casing per lineal foot 42
 Thickness of casing 1/4 Casing material Steel (STEEL, CONCRETE, WOOD, ETC.)
 Diameter, length and location of casing 9 1/2 in 16 in Surface down
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
16	0	9 1/2	9 1/2	Driven Into Rock

Number and size of perforations None located _____ feet to _____ feet from ground
 Date of commencement of well 2 Mar 1961 Date of completion of well 24 Mar 1961

SWSE S.20 15 20 E

WELL LOG

From Feet	To Feet	Type of Material	Water-bearing Formation Ans. Yes or No	Casing Perforated Ans. Yes or No
0	7	Surface Water at 6 ft		
7	14	old looking clay or soil	no	no
14	28	Gravel	yes	no
28	32	River sand	yes	no
32	78	Clay & sand - Blue <small>Fine</small>	yes	no
78	93	Sticky clay	no	no
93	97	Red Lava	no	no
97	117	Grey Lava	no	
117	130	Red Cinders & Clay	no	
130	138 136	Hard Grey Basalt		
136	148	Cinders & Clay	?	
148	157	Red Lava - hard solid but has seams	?	
157	170	Large Broken Red Lava & Clay	?	
170	173	Cutting not recovered	yes	
		Water Pumped Very Red (dark) appeared to be clay source unknown		

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 true and correct to the best of my knowledge and belief.

Signed

Eugene T. Walker

By

Dated

2 April, 1961

License No.

15

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WELL DRILLER'S REPORT

8/3 1987

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.

JB

1. WELL OWNER *Region Office*

Name Double R Ranch c/o Darryl Smith

Address Picabo, Idaho 83348

Owner's Permit No. 37-7551

7. WATER LEVEL

Static water level 17 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 Good

Describe artesian or temperature zones below.

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test Municipal

Industrial Stock Waste Disposal or Injection

Other _____ (specify type)

9. LITHOLOGIC LOG 86751

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
16	74	86	Hard gray basalt		X
16	86	97	Cinders	X	
16	97	100	Firm brown basalt		X
16	100	106	Broken brown basalt	X	
16	106	123	Firm gray basalt		X
16	123	132	Cinders	X	
16	132	135	Firm brown basalt		X
16	135	147	Cinders	X	

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary

Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? Yes No

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

Size of perforation _____ inches by _____ inches

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

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

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

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

Gravel packed? Yes No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth _____ 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 _____

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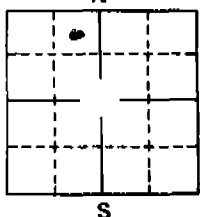
Department of Water Resources

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Department of Water Resources
Eastern District Office

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Blaine

NE 1/4 NW 1/4 Sec. 30, T. 1 N/S, R. 20 E/W.

MICROFILMED

10. Work started 8/1/86 finished 8/6/86

11. DRILLERS CERTIFICATION

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

Firm Name Andrew Well Drilling Firm No. 5

Address 1268 E. 17th Street Date 8/14/86

Idaho Falls, Idaho 83401

Signed by (Firm Official) Howard P. Rudner

and Wale Wulfe

(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.

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JB

1. WELL OWNER

Name Harry Rinker
P. O. Box 7250
Address Newport Beach, CA 92658-0250
Owner's Permit No. 37-87-2-005

7. WATER LEVEL

Static water level 3 feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature 48 °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK 37-7551

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

8. WELL TEST DATA

Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
12	147	265	Hard grey basalt		
	265	270	Gravel		

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Southern Region Office

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SEP 03 1987
Department of Water Resources

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
_____ inches	_____ inches	+ _____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation _____ inches by _____ inches

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

Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth _____ 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
 Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

X		

W E

S

County Blaine

NE ¼ NW ¼ Sec. 30 T. 1 N/S, R. 20 E/W.

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OCT 17 1988

10. Work started 7/13/87 finished 7/20/87

11. DRILLERS CERTIFICATION

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

Walker Water Systems, Inc.
Firm Name 624 Pierce Street Firm No. 15
Twin Falls, Idaho 83301
Address _____ Date 8/17/87
Signed by (Firm Official) Paul Walk
and Paul Walk
(Operator)

Duplicate Report

Well Log Form 1
3M

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MAY 21 1961
Office of Reclamation

WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO

SUBMIT WITHIN 30 DAYS AFTER COMPLETION OF WELL: SEE IDAHO STATUTES 42-238

034405

Permit No. ⁸¹⁵⁹ 628319 Well No. _____ County BLAINE

Owner PICABO LIVESTOCK Co

Address Picabo Idaho

Driller EUGENE W. WALKER

624 Pierce St,
Twin Falls, Idaho

Address _____

Well location SW 1/4 NE 1/4 Sec. 30, T. 1 N. R. 20 E/W

Size of drilled hole 16

Total depth of well 332

Give depth to standing water from the ground 1 Water temp. 49 °Fahr.

Test delivery was 2500 g.p.m. or _____ c.f.s. Drawdown was 77 feet. Pump? Bail? _____

Size of pump and motor used to make test 10 in Column 12 Bowl 300 HP D.

Length of time of test 4 hours _____ minutes.

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

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

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

Thickness of casing 3/2 Casing material Steel
(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 16 in I.D. 9 1/2 ft Surface
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
16	0	9 1/2	9 1/2	Drain into Rock water Tight

Number and size of perforations None located _____ feet to _____ feet from ground

Date of commencement of well June 60 Date of completion of well Mar 61

SWNE S.30 IN 20E

USGS

WELL LOG

From Feet	To Feet	Type of Material	Water-bearing Formation Ans. Yes or No	Casing Perforated Ans. Yes or No
0	10	Surface (Water at 5 ft)	yes	no
10	23	Clay & gravel	no	no
23	27	Clean gravel - Water	yes	no
27	46	Clay		
46	47	gravel & Water	yes	no
47	53	Tan Clay	no	no
57	78	Blue Clay	no	no
78		River Sand (Artesian Water)	yes	no
78	84	Sticky ^{Brown} greenish yellow clay		
84	89			
89 1/2	91	Lava Cinders	yes	
91	125	Course LAVA Cinders - Tal	yes	
125	164	Soft dark gray LAVA		
164	178	Hard gray LAVA, water raised in casing	yes	
178	190	Gray LAVA	no	
190	192	Crucial - Caving	no	
192	205	Hard LOOSE Caving Basalt	no	

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 Eugene Walker

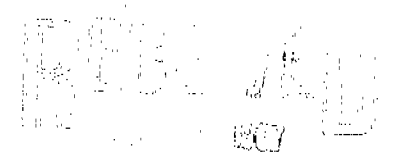
By _____

Dated 2 July 1967

License No. 15

Well Driller's Helper _____

SHEET NO. 2



034406

Well Owner Picabo Live Stock Co.

Well Driller EUGENE W. WALKER

624 Pierce St.
Twin Falls, Idaho

Well Location _____

WELL LOG

From Feet	To Feet	TYPE OF MATERIAL	Water-bearing Formation Ans. Yes or No	Casing Perforated Ans. Yes or No
205	218	Real Hard Grey Basalt	no	
218	224	" " " "		
224		Crinis LOOSE LAVA	?	
224	232	Real Hard grey Basalt	yes	
232	235	Crinis	no	
235	248	Grey Basalt	no	
248		Crinis	no	
248	265	Black Basalt	no	
265	275	Crinis, cutting not recovered	yes	
275	277	Black Basalt		
277	290	Brownish Red Clay	no	
290	315	Sticky Blue Clay	no	
315		Layer - gravel	?	?
316	332	Sticky Blue Clay	no	
332		gravel	yes	

SWNE S. 30 IN 20 E

USGS

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

TEMPORARY CHANGE APPLICATION

(To change point of diversion, place of use, or purpose of use of a water right upon declaration of a drought emergency in accordance with Section 42-222A, Idaho Code.)

Name of Applicant South Valley &/or Galena Ground Water Districts Phone 208-336-0700
Mailing Address PO Box 2139, Boise, ID 83701 Email brs@idahowaters.com

A. PURPOSE OF TRANSFER

- Change point of diversion Add diversion point(s) Change place of use
 Change purpose of use Other
- Describe the proposed change(s) and explain the reason(s) they are needed. _____
Ground water rights not in use in 2021 are proposed to be used for mitigation by pumping from select wells into Silver Creek to augment the discharge of the Little Wood River to benefit an 1883 priority water right identified by the Watermaster as 37-423.

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. <u>Right Number</u>	Priority	Amount <small>(cfs/ac-ft)</small>	Nature of Use	Period of Use
<u>37-22777</u>	<u>12/5/1979</u>	<u>3.18</u>	<u>Irrigation</u>	<u>4/15</u> to <u>10/31</u>
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

- Total amount of water being transferred 0.50 cubic feet per second and/or _____ acre-feet per annum.
- Source of water Ground Water tributary to _____.
- Point(s) of diversion:

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag number
1S	20E	20		NW	NE	NE	Blaine	Ground Water	No Log - RF = 0.1035
				NW	NE	SW	"	"	No Log - RF = 0.147
				SE	SW	SE	"	"	
		30		NW	SW	NE	"	"	

5. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals	
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE		

Total Acres _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

TEMPORARY CHANGE APPLICATION

(To change point of diversion, place of use, or purpose of use of a water right upon declaration of a drought emergency in accordance with Section 42-222A, Idaho Code.)

Name of Applicant For additional PODs only. _____ Phone _____

Mailing Address _____ Email _____

A. PURPOSE OF TRANSFER

1. Change point of diversion Add diversion point(s) Change place of use
 Change purpose of use Other
2. Describe the proposed change(s) and explain the reason(s) they are needed. _____

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. <u>Right Number</u>	Priority	Amount <small>(cfs/ac-ft)</small>	Nature of Use	Period of Use
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

2. Total amount of water being transferred _____ cubic feet per second and/or _____ acre-feet per annum.
3. Source of water _____ tributary to _____.
4. Point(s) of diversion:

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag number
1S	20E	30			NE	NW	Blaine	Ground Water	
	19E	2		SW	NW	SW	Blaine	Ground Water	
				SE	NW	SW	Blaine	Ground Water	
		5	1		SE	NE	Blaine	Ground Water	

5. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals		
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE			

Total Acres _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

TEMPORARY CHANGE APPLICATION

(To change point of diversion, place of use, or purpose of use of a water right upon declaration of a drought emergency in accordance with Section 42-222A, Idaho Code.)

Name of Applicant For additional PODs Only _____ Phone _____

Mailing Address _____ Email _____

A. PURPOSE OF TRANSFER

1. Change point of diversion Add diversion point(s) Change place of use
 Change purpose of use Other
2. Describe the proposed change(s) and explain the reason(s) they are needed. _____

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. <u>Right Number</u>	Priority	Amount <small>(cfs/ac-ft)</small>	Nature of Use	Period of Use
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

2. Total amount of water being transferred _____ cubic feet per second and/or _____ acre-feet per annum.
3. Source of water _____ tributary to _____.
4. Point(s) of diversion:

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag number
1S	19E	28			SE	NW	Blaine	Ground Water	

5. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals		
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE			

Total Acres _____

6. General Information:

- a. Who owns the water right to be changed? Aubry Springs Ranch LLC
- b. Describe the arrangement allowing use of the right. Sharing agreement with South Valley and Galena Ground Water Districts
- c. Describe the affect on the land now irrigated if the change is approved pursuant to this application: Water rights are not being used in 2021 & there will be no impact to the lands these rights are appurtenant to.
- d. Has the water right sought to be transferred been used this year? Yes No If yes, explain. _____
- e. Absent the changes, how would the right be used for the remainder of the year? Remain unused.
- f. Describe other water rights used for the same purpose. None except those identified in this application.
- g. Remarks: This transfer seeks to augment the discharge of Silver Creek and the Little Wood River to supply water to water right 37-423.

I hereby assume all risk in accordance with Section 42-222A, Idaho Code, and assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in voiding its approval.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Received by _____ Date _____ \$50 fee received by _____ Receipt No. _____

Recommend: approve deny Watermaster recommendation _____

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Temporary Change Application No. _____, and said application is hereby _____, subject to the following limitations and conditions:

Temporary Change Expiration Date _____

Signed this _____ day of _____, _____.

For the Director