

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

AP

1. WELL TAG NO. D 0062262

Drilling Permit No. 867797
Water right or injection well # 37-20729

2. OWNER: City of Dietrich

Name _____
Address 35 W. First St.
City Dietrich State ID Zip 83324

3. WELL LOCATION:

Twp. 6 North or South Rge. 18 East or West
Sec. 12 NE 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County Lincoln
Lat. 42 ° 91920 (Deg. and Decimal minutes)
Long. 114 ° 26718 (Deg. and Decimal minutes)

Address of Well Site 750 E. to Malleya Road, west 1/2 mile, then then south 1/4 mile City Dietrich
(Give at least name of road + Distance to Road or Landmark)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection
 Other _____

5. TYPE OF WORK:

New well Replacement well Modify existing well
 Abandonment Other _____

6. DRILL METHOD:

Air Rotary Mud Rotary Cable Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
3/8 bentonite	0	60	6150 lbs	poured then hydrated

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
16	6.5	60	.375	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	6	371	.375	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	351	555	.365	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	6	+2	.375	pitless unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS:

Perforations Y N Method factory slots

Manufactured screen Y N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
351	386	3/16	20	10	steel	.365
410	555	3/16	20	10	steel	.365

Length of Headpipe 1 Length of Tailpipe 1

Packer Y N Type 2 K-packers, 386 ft., 410 ft.

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
N/A				

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 358 Static water level (ft) 358

Water temp. (°F) 60 Bottom hole temp. (°F) 60

Describe access port through pitless cover

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
0	750	1440	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: good/no problems

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
20	0	1	Brown top soil		X
20	1	3	Lt. tan sandy clay, hard		X
20	3	5	Broken basalt and caleche		X
20	5	18	Dark grey basalt		X
20	18	27	Hard brn-grey basalt		X
20	27	33	lost cuttings		X
20	33	37	Very hard basalt		X
20	37	55	Brown basalt		X
20	55	60	Hard brn-grey basalt		X
16	60	80	Hard brn-grey basalt		X
16	80	101	Very hard dark grey basalt		X
16	101	110	Black basalt		X
16	110	127	Orange-brown tephra / ash (soft)		X
16	127	171	Brown-grey basalt		X
16	171	215	Red-brn fractured basalt		X
16	215	310	Brown-grey fractured basalt		X
16	310	337	Hard dark grey basalt		X
16	337	365	Hard dark grey fractured basalt	X	
16	365	371	Brn-grey basalt	X	
12	371	392	Brn-grey basalt, some lost cuttings	X	
12	393	407	Orange-tan tephra with black cinders		X
12	407	555	Red-brn basalt with intermittent lost cuttings zones (75% loss)	X	

RECEIVED

AUG 09 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

867797

Completed Depth (Measurable): 555

Date Started: Feb 19, 2013 Date Completed: Jul 26, 2013

14. DRILLER'S CERTIFICATION:

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

Company Name Stan Lloyd Drilling, LLC Co. No. 294

*Principal Driller Alan Lloyd Date 8/8/13

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.