

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

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

1. WELL TAG NO. D 0014628  
DRILLING PERMIT NO. 7-6-775-8  
Other IDWR No. \_\_\_\_\_

2. OWNER:  
Name Bruce Dezize  
Address 51 EAST 450 South  
City Driggs State ID Zip 83422

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

Map grid showing location with 'X' in the NW corner.

Twp. 4 North  or South   
Rge. 45 East  or West   
Sec. 24 NE 1/4 NW 1/4 SE 1/4  
Gov't Lot \_\_\_\_\_ County Teton  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site 450 South  
51 EAST City Driggs  
(Give at least name of road + Distance to Road or Landmark)

Lt. \_\_\_\_\_ Bk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

4. USE:  
 Domestic  Municipal  Monitor  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

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

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	30	8 sacks	annular	

Was drive shoe used?  N Shoe Depth(s) -284  
Was drive shoe seal tested?  N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<del>7"</del> 6"	<del>+1</del> +1	<del>-284</del> -284	<del>280</del> 280	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS  
Perforations \_\_\_\_\_ Method cut  
Screens \_\_\_\_\_ Screen Type \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-275	-285	1/4	20	1/4x6	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

11. WELL TESTS:  
 Pump  Bailor  Air  Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25+			

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
10	0	3	Top soil		
10	3	18	Brown clay & gravel		
8	18	27	Brown clay & sand		
8	27	265	Brown clay & gravel		
8	265	271	Brown clay		
8	271	285	Brown clay & gravel	X	
6	285	310	Trace Brown clay & gravel	X	

RECEIVED

FEB 13 2001

Department of Water Resources  
Eastern Region

Completed Depth 310' (Measurable)  
Date: Started 1-3-01 Completed 1-5-01

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 Independent Drilling Firm No. 343  
Firm Official Bruce Dezize Date 1-5-01  
and  
Driller or Operator Phil Chi Date 1-5-01  
(Sign once if Firm Official & Operator)

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**WELL DRILLER'S REPORT**

Office Use Only  
Inspected by \_\_\_\_\_  
Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Lat: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Long: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
 Air  Flowing Artesian

**1. WELL TAG NO.** D 0021096  
**DRILLING PERMIT NO.** 76-9065  
Other IDWR No. \_\_\_\_\_

**2. OWNER:**  
Name Steve Kito  
Address P.O. Box 2343  
City Jackson State WY Zip 83001

**3. LOCATION OF WELL by legal description:**

Sketch map location must agree with written location.

N			Twp. <u>4</u>			North <input checked="" type="checkbox"/> or South <input type="checkbox"/>		
E			Rge. <u>45</u>			East <input checked="" type="checkbox"/> or West <input type="checkbox"/>		
S			Sec. <u>24</u>			NW 1/4 or NE 1/4 or SE 1/4 or SW 1/4		
W			Gov't Lot _____			County _____		
			Lat: _____			Long: _____		
			Address of Well Site <u>450 S. 47E.</u>			City <u>Victor</u>		

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

Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

**4. USE:**

- Domestic  Municipal  Monitor  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**5. TYPE OF WORK** check all that apply (Replacement etc.)  
 New Well  Modify  Abandonment  Other \_\_\_\_\_

**6. DRILL METHOD**

- Air Rotary  Cable  Mud Rotary  Other \_\_\_\_\_

**7. SEALING PROCEDURES**

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From To	Sacks or Pounds		
Bentonite	0 20	300		overbore

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

**8. CASING/LINER:**

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	7 260	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

**9. PERFORATIONS/SCREENS**

Perforations \_\_\_\_\_ Method \_\_\_\_\_  
Screens \_\_\_\_\_ Screen Type \_\_\_\_\_

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

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

210 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

**11. WELL TESTS:**

- Pump  Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>20+</u>			<u>1 hr.</u>

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encounter 217

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	2	Topsoil		
	2	24	dirt & boulders		
	24	142	sand & gravel		
	142	196	clay & gravel		
	196	217	gravel & clay		
	217	260	compacted gravel		

RECEIVED

JUL - 2 2001

Department of Water Resources

RECEIVED

JUN 25 2001

Department of Water Resources  
Eastern Region

Completed \_\_\_\_\_ Depth 260' (Measurable)  
Date: Started 5/21/01 Completed 5/21/01

**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 Teton Waterworks LLC Firm No. 506

Firm Official [Signature] Date 5/21/01

and Driller or Operator [Signature] Date 5/21/01

(Sign once if Firm Official & Operator)