

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D00 54643

Drilling Permit No. 852142
Water right or injection well # _____

2. OWNER

Name JEFF SEUBERT
Address 1606 MACLARAN STREET
City YAKIMA State WA Zip 98902

3. WELL LOCATION:

Twp. 32 North or South Rge. 01 East or West
Sec. 33 1/4 SW 1/4 SW 1/4
Gov't Lot -- County IDAHO
Lat. 46 ° 03.54.830 (Deg. and Decimal minutes)
Long. 116 ° 20.50.140 (Deg. and Decimal minutes)
Address of Well Site 500 YARDS N OF COTTONWOOD CEMETARY
City COTTONWOOD

(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 check all that apply (Replacement etc.)

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 ft³)	Placement method/procedure
BENTONITE	0	78	675	TOP POUR

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	78	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5	55	600	160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 78

9. PERFORATIONS/SCREENS:

Perforations Y N Method SAW
Manufactured screen Y N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
560	600	1/8 X4	42	4.5	PVC	160

Length of Headpipe N/A Length of Tailpipe _____

Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	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) 555 Static water level (ft) 327
Water temp. (°F) 55 Bottom hole temp. (°F) _____
Describe access port TOP OF CASING - CAP

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	25	1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water Quality test or comments: GOOD

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
10	0	2	DIRT		X
10	2	15	MED HARD BASALT		X
10	15	78	CLAY		X
6	78	260	MED HARD BASALT		X
6	260	281	SOFT BROWN BASALT		X
6	281	426	MED HARD BASALT		X
6	426	438	SOFT W-BASALT		X
6	438	555	MED HARD BASALT		X
6	555	589	W-BASALT W/GREEN SEAMS	X	
6	589	600	MED HARD BASALT		X

RECEIVED

JUL 30 2008

IDWF/North

Completed Depth (Measurable) 600

Date: Started 06/26/08 Completed 07/03/08

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 TWO U'DRILLING, LLC Co. No. 125

*Principal Driller TU [Signature] Date 07/03/08

*Driller ND [Signature] Date 07/03/08

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

32N 01E 33

729-08