

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	_____		
Inspected by	_____		
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D 44844
 DRILLING PERMIT NO. 840498
 Water Right or Injection Well No. _____

2. OWNER:
 Name RICK & PENNY DUFEK
 Address 421 EAST SHORE RD.
 City NEWPORT State WA Zip 99156

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 58 North or South
 Rge. 4 East or West
 Sec. 17 1/4 SE 1/4 NE 1/4
 Gov't Lot _____ County BONNER
 Lat: _____ Long: _____
 Address of Well Site 2930 TANGLEWOOD DR.
 City PRIEST LAKE
 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>300 LBS</u>	<u>TEMP CASING</u>

Was drive shoe used? Y N Shoe Depth(s) 53'
 Was drive shoe seal tested? Y N How? N/A

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>53'</u>	<u>250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer Y N Type 8" K-PACKER

9. PERFORATIONS/SCREENS/PACKER TYPE

Perforation Method N/A
 Screen Type & Method of Installation STAINLESS TELESCOPING

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>53</u>	<u>58</u>	<u>14</u>	<u>304</u>	<u>5"</u>	<u>SS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>58</u>	<u>60</u>	<u>5"</u>			<u>TAIL PIPE</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
28 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices:
WELL SEAL
58N 4W 17

12. WELL TESTS:

Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>			<u>1 HR</u>

Water Temp. COLD Bottom hole temp. _____
 Water Quality test or comments: GOOD
 Depth first Water Encounter 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>0</u>	<u>5</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
	<u>5</u>	<u>18</u>	<u>SAND (COURSE)/GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>18</u>	<u>25</u>	<u>CLAY/SAND/GRAVEL</u>		<input checked="" type="checkbox"/>
	<u>25</u>	<u>58</u>	<u>SAND</u>	<input checked="" type="checkbox"/>	
	<u>58</u>	<u>60</u>	<u>SAND (FINE)/CLAY</u>	<input checked="" type="checkbox"/>	

RECEIVED
 JUL 13 2006
 IDWR/North

Completed Depth 60' (Measurable)
 Date: Started 6-25-06 Completed 6-28-06

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 HUGHES WATER WELLS Firm No. 604
 Principal Driller David Hughes Date 7-12-06
 and Driller or Operator II David Hughes Date 7-12-06
 Operator I Kenton Hawley Date 7-12-06
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.