

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0091258
 Drilling Permit No. 904980
 Water right or injection well # _____

2. OWNER:
 Name ROV & CASHY HUMER
 Address _____
 City FEDERAL WAY State WA Zip 98003

3. WELL LOCATION:
 Twp. 56 North or South Rge. 4 East or West
 Sec. 33 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ County BONNER
 Lat. 48 ° 9.4262 (Deg. and Decimal minutes)
 Long -116 ° 50.1630 (Deg. and Decimal minutes)
 Address of Well Site MOOSE MOUNTAIN RD.
 City PRESTON
 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
<u>PORTLAND CEMENT</u>	<u>0</u>	<u>38</u>	<u>1050 lbs</u>	<u>OVERHEAD</u>
<u>CLAY</u>				<u>DRY POOR</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>12</u>	<u>38</u>	<u>250"</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>4</u>	<u>20</u>	<u>620</u>	<u>SCA 40</u>	<u>PIR</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:
 Perforations Y N Method _____
 Manufactured screen Y N Type PIR
 Method of installation SET ON BOTTOM

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>640</u>	<u>620</u>	<u>.020"</u>		<u>4</u>	<u>PIR</u>	<u>SCA 40</u>

Length of Headpipe _____ Length of Tailpipe _____
 Packer Y N Type _____

10. FILTER PACK:

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

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) 412' Static water level (ft) 90'
 Water temp. (°F) COLD Bottom hole temp. (°F) COLD
 Describe access port BOLT ON CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>640</u>	<u>10 GPM</u>	<u>60</u>	<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
	<u>0</u>	<u>4</u>	<u>FILL</u>		<input checked="" type="checkbox"/>
	<u>4</u>	<u>8</u>	<u>CLAY & BROKEN SHALE</u>		
	<u>8</u>	<u>12</u>	<u>BROKEN SHALE</u>		
	<u>12</u>	<u>38</u>	<u>HARD GRAY SHALE</u>		
<u>6</u>	<u>38</u>	<u>116</u>			
	<u>116</u>	<u>202</u>	<u>GRAY SHALE W/ BROWN</u>		
	<u>202</u>	<u>412</u>	<u>GRAY SHALE</u>		
	<u>412</u>	<u>451</u>	<u>SHALE W/ IRON ORE 1/2 GPM</u>	<input checked="" type="checkbox"/>	
	<u>451</u>	<u>565</u>	<u>GRAY SHALE</u>		<input checked="" type="checkbox"/>
	<u>565</u>	<u>615</u>	<u>SHALE W/ IRON ORE</u>		<input checked="" type="checkbox"/>
	<u>615</u>	<u>629</u>	<u>SHALE W/ FRACTURES 10 GPM</u>	<input checked="" type="checkbox"/>	
	<u>629</u>	<u>640</u>	<u>GRAY SHALE</u>		<input checked="" type="checkbox"/>

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JUN 10 2022

AAA SWEETWATER DRILLING
 208-263-5974
 Mark Pitts
 Robin Pitts
 Serving North Idaho Over 20 Years



DRILLING • PUMPS • WATER TREATMENT
 Complete Systems • From the Well To The House
 435 Woodview Rd. • Sandpoint, ID 83864

Completed Depth (Measurable): 640'
 Date Started: 5/5/22 Date Completed: 5/11/22

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 AAA SWEETWATER DRILLING Co. No. 509
 *Principal Driller Mark Pitts Date 6-8-22
 *Driller Robin Pitts Date 6/3/22
 *Operator II _____ Date _____
 Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.