

WELL DRILLER'S REPORT

67831

Location Corrected by IDWR To:

T01N R44E Sec. 18 NESW

By: mciscell 2012-02-27

1. WELL TAG NO. D W06067
 DRILLING PERMIT NO. 23-98-E0005 000
 Other IDWR No. _____

2. OWNER:

Name Jim Chuck Lyle Bob Lamb Const,
Address P.O. Box 393
City Covina State CA Zip 91723

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E S
 Twp. 1 North ☒ or South ☐
 Rge. 44 East ☒ or West ☐
 Sec. 18 $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Gov't Lot _____ 10 acres 40 acres 160 acres
 County Bonneville
 Lat: _____ Long: _____
 Address of Well Site _____
 City _____

City _____
(Give at least name of road + Distance to Road or Landmark)
Lt. 5 Blk. 1 Sub. Name Eagle's nest

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	18'	300 LBS	over Bore

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"	+1	100'	150"	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter

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

[illegible]

Completed _____ Depth _____ (Measurable)
Date: Started 8-13-98 Completed 8-13-98

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 Dennine Drilling Firm No. 578

Firm Official David Williams Date 8-13-88

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)