

App 875818

Form 238-7
6/02

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 0023656
DRILLING PERMIT NO. 795756
Water Right or Injection Well No. 45-2448A

2. OWNER: ID 366711
Name FRANK BEDKE
Address P O BOX 83
City OAKLEY IDAHO State _____ Zip 83346

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 13 North or South
Rge. 22 East or West
Sec. 6 1/4 1/4 SE 1/4 NW
Gov't Lot _____ 10 acres County Cassia 40 acres 160 acres
Lat: : : Long: : :
Address of Well Site 1450 S 655 W
City Burley
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

Was drive shoe used? Y N Shoe Depth(s) _____
Was drive shoe seal tested? Y N How? bailer

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
12"	-323	450	250	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	-528	600	250	steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer Y N Type 10" K packer 10 by 12

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method no
Screen Type & Method of Installation no

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
275 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
through hole in pump base

12. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Drawdown	Pumping Level	Time

RECEIVED
FEB 04 2004

Water Department of Water Resources Southern Region Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
14	376	380	fill in		
	380	401	clay & gravel (sandy)		
	401	408	clay, claystone & gravel		
	408	412	red & gray cinders some		
	412	420	red & gray lava solid		
	420	424	red & gray lava soft	x	
	424	428	gray lava solid		
	428	433	red & gray cinders		
	433	534	red decomposed rhyolite		
	534	548	gray & brown rhyolite		
	548	556	orange clay		
	556	595	red rhyolite solid		
	595	600	broken rhyolite lost cuttings		
	600	604	red rhyolite hard		
	604	612	rhyolite soft some talc		
	612	616	hard rhyolite		
	616	632	red rhyolite soft (talc)		
	632	657	brown rhyolite solid		
	657	663	brown rhyolite & clay		
	663	672	brown rhyolite broken		
	672	675	brown rhyolite loose & broken		
	675	686	brown rhyolite solid		
	686	692	clay & boulders		
	692	702	dark brown clay		
	702	704	red rhyolite hard		
	704	720	dark brown clay		
	720	723	hard rhyolite		
	723	737	brown clay & boulders		

Completed Depth 685 (Measurable)
Date: Started 3-14-2003 Completed 12-22-2003

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 COUCH WELL DRILLING INC Firm No. 161
Principal Driller Sherman Couch Date 1-4-2004
and
Driller or Operator Date _____
Operator I Sherman Couch Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.