

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
FEB 23 2009

1. WELL TAG NO. D 0056541
Drilling Permit No. 854826
Water right or injection well # _____

2. OWNER
Name Westslope Properties
Address 687 W. Canfield Ave. Suite 101
City Coeur d'Alene State ID Zip 83815

3. WELL LOCATION:
Twp. 52 North or South Rge. 3 East or West
Sec. 35 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat. _____ (Deg. and Decimal minutes)
Long. _____ (Deg. and Decimal minutes)
Address of Well Site Triangle 7 Road- Well #1 City Hayden

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 ft ³)	Placement method/procedure
Bentonite	0	78	900 lbs	Dry Pour
Granular				

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	-10	500	.200	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 Drilled 3/8" Holes
Manufactured screen Y N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
450	490	3/8"	120	4	PVC	.200

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 Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 58 Static water level (ft) 35
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port _____

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	5 1/2	1 Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water Quality test or comments: Clear, Cold, No Smell

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	Water N
8	0	1	Top Soil		X
8	1	75	Decomposed granite brown/white/black	X	
8	75	78	Granite brown/white/black medium		X
6	78	90	Granite brown/white/black medium		X
6	90	150	Granite black/white/brown medium	X	
6	150	320	Granite black/green/white/red medium		X
6	320	370	Granite black/green/white/red soft		X
6	370	450	Granite black/green/white medium		X
6	450	480	Granite black/green/white soft		X
6	480	500	Granite black/green/white hard		X



Completed Depth (Measurable) 500 ft
Date: Started 2-16-09 Completed 2-17-09

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 United Pump & Drilling Co. No. 636
*Principal Driller Jason Beckham Date 2-18-09
*Driller _____ Date 2-18-09
*Operator II _____ Date _____
Operator I _____ Date _____
* Signature of Principal Driller and rig operator are required.

S2N 03W 35