

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 49576

Claim ID: 95-17547

Date Received: 5-17-18

Receipt No: N033413

Claim Fee: 2500 By: Ja

R E C E I V E D

MAY 17 2018

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR / NORTH

Please type or print clearly

(208) 383-3954 (counsel)

1. Name of claimant(s) Essential Oil Research Farm, LLC Phone (801) 221-6160
Mailing address 3125 W. Executive Parkway Lehi UT Zip 84043
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) 11/20/2008 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 46N, Range 3W, Section 29,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Benewah;
Parcel no. RP46N03W291820A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
well and pump
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ domestic purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 single-family home

9. Location of place of use is: Township 46N, Range 3W, Section 29,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Benewah

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

The date of priority is based on the Well Driller's Report (Well Tag No. 0055393)

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System Adjudication."

(b.) I/We do () do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Associate General Counsel of Essential Oil Research Farm, LLC,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Nicolas Wenker Date 5-7-18

Printed Name of Authorized Agent Nicolas Wenker

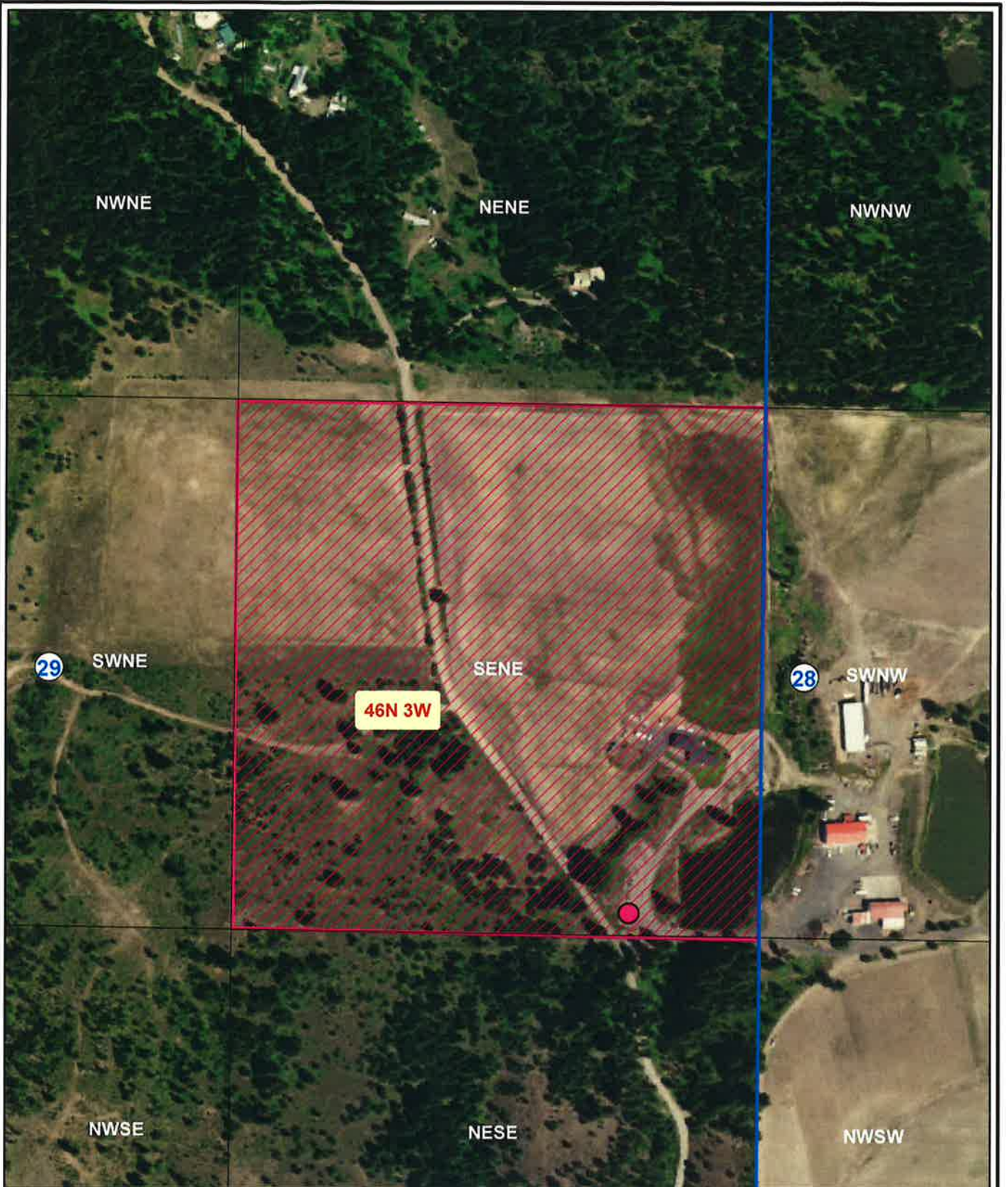
16. **Notice of Appearance:**

Notice is hereby given that I, (please print) William G. Myers III, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature William G. Myers III Date May 14, 2018

Address 800 W. Main St., Ste. 1750, Boise, Idaho 83702

Name of claimant(s) Essential Oil Research Farm, LLC Claim ID _____



Point of Diversion (Well 1)



Place of Use (Manager's House)

**Adjudication Claim for Domestic Use
Essential Oil Research Farm, LLC**



500

Feet



**SPF WATER
ENGINEERING**

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 2055393
 DRILLING PERMIT NO. 2055393
 Water Right or Injection Well No. _____

2. OWNER:

Name Young Living
 Address 701 N Fork Coon Creek Rd
 City ST. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 46 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 29 1/4 SE 1/4 NE 1/4
 Gov't Lot _____ County Benedict

Lat: 47 : 18 : 30 N Long: 116 : 44 : 18 W

Address of Well Site 701 N Fork Coon Creek Rd

Benedict Rd S. M. / right on Coon Creek City ST. MARIES

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
Bentonite	0	18	115x	Pour Around Pipe

Was drive shoe used? ☒ N ☐ Shoe Depth(s) 1
 Was drive shoe seal tested? ☒ N ☐ How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	18	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4"	-16	247	160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ N Type 4x5 Formation packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skill Saw
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
187	247	4x6	75	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

92 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 170 ft. Describe access port or control devices: Well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM	Air lift from 247 ft		2 hrs

Water Temp. 48° Bottom hole temp. _____

Water Quality test or comments: Cold clear / No odor

Depth first Water Encounter 148

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	3	TOP Soil		
	3	11	Grey clay		
	11	60	Hard Basalt		
6"	60	120	Broken Basalt		
	120	135	clay w/Basalt		
	135	242	Hard Basalt / w water		
			15 GPM at 185 ft		
	242	247	clay / w Basalt		

RECEIVED

NOV 25 2008

IDWR/North

RECEIVED

DEC 18 2008

IDWR/North

Completed Depth 247 (Measurable)

Date: Started 11-19-08 Completed 11-20-08

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 Interstate Drilling LLC Firm No. 689

Principal Driller Ryan Suber Date 11-24-08

and Driller or Operator II Ryan Suber Date 11-24-08

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES