

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: 95-17508

Date Received: 5-17-18

Receipt No: N033415

Claim Fee: 25.00 By: ja

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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

- Name of claimant(s) Essential Oil Research Farm, LLC Phone (208) 383-3954 (counsel)
(801) 221-6160
Mailing address 3125 W. Executive Parkway Lehi UT Zip 84043
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 1/30/1973 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 46N, Range 3W, Section 28,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Benewah;
Parcel no. RP46N03W284700A
Additional points of diversion, if any: _____
If available, GPS coordinates: 47.304947, -116.734539; 47.305523, -116.734431
- 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
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ domestic purposes from Month/Day 1/1 to Month/Day 12/31 amount cfs (✓) or AFY () 0.04
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
use in office and shop

9. Location of place of use is: Township 46N, Range 3W, Section 28,
SW 1/4 of NW 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):
Two wells are interconnected and deliver water to a commercial shop and office. The date of priority is based
on the Well Driller's Report for the original well (Permit No. 95-73-N-62).

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: 3

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 [Signature] 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 [Signature] 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

 Place of Use (shop and office)

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



500

Feet



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 59435

Drilling Permit No. 861829
Water right or injection well # _____

2. OWNER:

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

3. WELL LOCATION:

Twp. 46 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 28 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Benewah
Lat. 47 ° 18:326N (Deg. and Decimal minutes)
Long. 116 ° 44:068W (Deg. and Decimal minutes)
Address of Well Site 701 N. Fork Coon Creek Rd/ benewah rd to mm then 2 miles up coon ck City St. Maries
(Give at least name of road + distance to road or landmark)

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)	Placement method/procedure
bentonite	0	58	1250 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-58	2.50	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4"	-8	295	200psi	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58ft standard shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method skill saw

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-55	295	1/4x5	150	4"	pvc	200 psi

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
none				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSI) _____

Describe control device well cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 40 Static water level (ft) 28

Water temp. (°F) 48 Bottom hole temp. (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
50 gpm	airlift at 380ft	for 3.5hrs

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: cold and cloudy

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
10	0	15	clay-red		
	15	40	clay-white		
	40	115	basalt-broken w/water 1/2 gpm	x	
6	115	135	basalt-hard w/water 3 1/2 gpm	x	
	135	210	basalt-soft w/water 6gpm	x	
	210	215	clay-tan		
	215	225	basalt-soft		
	225	265	clay-tan		
	265	380	shale-soft w/water 50gpm	x	
			total at 380 ft		
			25 gpm total at 270 ft	x	
			50 gpm total at 280 ft	x	
			50 gpm total at 380 ft	x	
			liner stopped at 295 ft		

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Completed Depth (Measurable): 295 ft

Date Started: 8-25-11

Date Completed: 8-30-11

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 Co. No. 689

*Principal Driller Ryan Suchak Date 8-30-11

*Driller Ryan Suchak Date 8-30-11

*Operator II Ryan Suchak Date 8-30-11

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

46N 03W 28

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

[illegible]