

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 104253
Permit No. _____
Basin 649

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Cindy Codray ADDRESS AT WELL LOCATION 4509 Hold St. 4037 Osage Ave
MAILING ADDRESS 296 MVR #7 Elko
Elko NV 89801 Subdivision Name: MVR #4 County: Elko

2. LOCATION NE 1/4 NW 1/4 Sec 19 T 35N N/S R 56 E Latitude 40.54.738N UTM E NAD 27
PERMIT/WAIVER No. 036-003-008 Longitude 115.42.653W N NAD 83 NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

4. PROPOSED USE Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Loam		0	4	4
Coyote Clay		4	109	105
Brown Clay		109	160	51
Gravel	X	160	161	1
Clay Dark Brown		161	201	40
Sand and Gravel	X	201	220	19

9. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 220 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>105/8</u> Inches	<u>0</u> Feet	<u>220</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>12.92</u>	<u>188</u>	<u>+2</u>	<u>220</u>

Perforations:

Type of perforation Mill Slot
Size of perforation 3/16 X 3"

From	feet to	feet	feet
<u>200</u>	<u>220</u>	<u>200</u>	

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u> to <u>53</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 53 to 220 Pumped Poured
Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-Sep, 20 07
Date completed: 13-Sep, 20 07

7. Water Level

Static water level: 120 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>APPROX</u>	<u>60</u>		<u>4.5</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name SHAREL C. FERTIG SR. dba FERTIG DRILLING COMPANY
Contractor

Address P.O. BOX 525
Contractor

ELKO, NV 89803

Nevada contractor's license number _____
issued by the State Contractor's Board 031904

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1584

Signed Sharel C. Fertig
By driller performing actual drilling on site or contractor

Date 9-13-07

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2007 SEP 20 AM 11:04
STATE ENGINEERS OFFICE