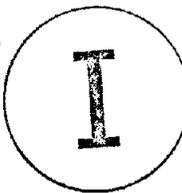


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 104294
Permit No. _____
Basin 849

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

NOTICE OF INTENT NO. 60399

1. OWNER Wade Clizbe ADDRESS AT WELL LOCATION 5841 Kale Drive
MAILING ADDRESS 403 W. Bullion Rd. Elko Nv 89801 Subdivision Name: _____ County: Elko

2. LOCATION NW 1/4 SE 1/4 Sec 3 T 36N N/S R 56 E Latitude 40.56.828N UTM E NAD 27
PERMIT/WAIVER No. 035-018-007 Longitude 115.39.011W 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 Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand and Gravel		0	24	24
Hard Pan		24	48	24
Gravel		48	55	7
Clay		55	72	17
Cemented Gravel		72	109	37
Clay		109	138	29
Sand and Gravel	X	138	160	22

9. WELL CONSTRUCTION
Depth Drilled 160 Feet Depth Cased 160 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 160
105/8 Inches 0 Feet 160 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+3	20
6		SDR-17	20	160

Perforations:
Type of perforation Screen
Size of perforation 0.032
From 140 feet to 160 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 5-20 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 55 to 160 Pumped Poured
Type: 3/8 PEA GRAVE
Bentonite Chips: Yes No 20 to 55 Pumped Poured
Type: 3/8 Kwik Plug

Date started: 27-Aug, 20 07
Date completed: 29-Aug, 20 07

7. Water Level
Static water level: 60 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"/> Boiler <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
APPROX	45		4.5

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

RECEIVED
2017 SEP 20 AM 11:04
STATE ENGINEERS OFFICE

N40.94728
W 115.649275 NAD83