

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

OFFICE USE ONLY

Log No. 104784
Permit No. _____
Basin 176

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. 58922

1. OWNER Ira Wines ADDRESS AT WELL LOCATION Ruby Valley Road
MAILING ADDRESS HC 60, Box 630
NW Ruby Valley, NV 89833 Subdivision Name: _____ County: Elko

2. LOCATION SW 1/4 NW 1/4 Sec 28 T 31N N/S R 59 E Latitude 40.31.904N UTM E NAD 27
PERMIT/WAIVER No. 007-280-002 Longitude 115.19.931W 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
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Boulders/cobble		0	5	5
Hard Rock		5	54	49
Loose Rock	X	54	58	4
Decomposed Granite		58	127	71
Clay		127	131	4
Fractured Rock	X	131	135	4
Hard Rock		135	180	45
<u>N 40.531820</u>				
<u>W 115.331290 NAD27</u>				

9. WELL CONSTRUCTION

Depth Drilled	180	Feet	Depth Cased	180	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
10	Inches	0	Feet	180	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	+2	20
6	pvc	SDR-17	20	180

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 20 Pumped Poured
 ≥30% Bentonite Grout 20 to 52 Pumped Poured

Gravel Pack: Yes No 52 to 180 Pumped Poured
Type: 3/8 PEA GRAVE
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-Dec , 20 06
Date completed: 28-Dec , 20 06

7. Water Level
Static water level: 43 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			
APPROX	<u>45</u>	<u>10.5</u>	<u>10.5</u>
	<u>30</u>	<u>2</u>	<u>1007</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 24-Jan-07