

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

OFFICE USE ONLY
Log No. 104785
Permit No. _____
Basin 347

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. 60387

1. OWNER V.F. Neuhaus Properties ADDRESS AT WELL LOCATION _____
MAILING ADDRESS P.O. Box 1270 McAllen, TX 78505 Subdivision Name: _____ County: Elko

2. LOCATION NW 1/4 NE 1/4 Sec 17 T 28N N/S R 56 E Latitude 40.18.833N UTM E NAD 27
PERMIT/WAIVER No. OG-244 Longitude 115.41.431W N NAD 83 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. Well Well Const. 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
Loam		0	2	2
Loose Gravel & Sand		2	28	26
Clay		28	39	11
Sandstone		39	82	43
Clay		82	134	52
Sandstone	X	134	136	2
Clay		136	153	17
Sand & Gravel	X	153	155	2
Clay		155	174	19
Sand & Gravel	X	174	175	1
Clay		175	186	11
Sand & Gravel	X	186	188	2
Clay		188	207	19
Sand & Gravel	X	207	215	8
Clay		215	223	8

N 40.31370
W 115.669616 NAD 83

9. WELL CONSTRUCTION
Depth Drilled 223 Feet Depth Cased 223 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 223
10 5/8 Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+2	223

Perforations:
Type of perforation _____ Mill Slot
Size of perforation _____ 3/16 x 3
From 203 feet to 223 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 50 to 223 Pumped Poured
Type: 3/8 PEA GRAVE
Bentonite Chips: Yes No 10 to 51 Pumped Poured
Type: 3/4 RINK plug 10' conductor

7. Water Level
Static water level: 23 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
APPROX	100		4.5

STATE ENGINEERS OFFICE
CO-111WV 2-AON 1002
NOV 2007

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 031904
issued by the State Contractor's Board
Nevada driller's license number issued by the 1584
Division of Water Resources, the on-site driller
Signed Sharel C. Fertig
By driller performing actual drilling on site or contractor
Date 8-14-07