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

OFFICE USE ONLY
Log No. 106733
Permit No.
Basin 037

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. 34017

1. OWNER Duck Valley Indian Reservation
MAILING ADDRESS Owyhee NV 89832
NE SE

ADDRESS AT WELL LOCATION MW-19
Tribal Motel/HW-225
Subdivision Name: County: Elko

2. LOCATION ~~SW~~ ¼ ~~NE~~ ¼ Sec 26 T 47N N/S R 52 E
PERMIT/WAIVER No. n/a
Issued by Water Resources Parcel No.

Latitude 4643920.6 UTM E ☐ NAD 27
Longitude 574882.1 N ☒ NAD 83/WGS 84

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 ☒ Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
sand &gravel		0	3	3
brown silt stiff		3	10	7
bisalt gravel	W/L 13	10	21	11
brown claye sand		21	23	2

N41.943805
W 116.095688 NAD27

Date started: 6-Aug, 20 08
Date completed: 6-Aug, 20 08

9. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	30	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	3.65	0154	0	25

Perforations:
Type of perforation factory slotted
Size of perforation 0.02
From 10 feet to 25 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☒ Neat Cement 1 to 8 ☐ Pumped ☒ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☒ Yes ☐ No 10 to 30 ☐ Pumped ☒ Poured
Type: 10/20 Colorado Silica
Bentonite Chips: ☒ Yes ☐ No 8 to 10 ☐ Pumped ☒ Poured
Type: 3/8 chips

7. Water Level
Static water level: 14 feet below land surface
Artesian Flow: n/a G.P.M. n/a P.S.I.
Water Temperature: n/a °F
Quality: good

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
n/a			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WDC Exploration & Wells
Contractor
Address 570 Corinthian Way
Contractor
Las Vegas, NV 89030
Nevada contractor's license number issued by the *State Contractor's Board* 0012-852
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* 2057-T4
Signed [signature]
By driller performing actual drilling on site or contractor
Date 8-15-08

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

2008 AUG 18 AM 10:20 STATE ENGINEER