

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



OFFICE USE ONLY
Log No. 106993
Permit No. _____
Basin 044

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. 58925

1. OWNER Royd Green ADDRESS AT WELL LOCATION 7356 Goldrush
MAILING ADDRESS 505 Copper Street #60 Ryndon
Elko, Nv 89801 Subdivision Name: _____ County: Elko

2. LOCATION SW 1/4 NW 1/4 Sec 6 T 35N N/S R 57 E Latitude 40.95206N UTM E NAD 27
PERMIT/WAIVER No. 030 035 005 Longitude 115.59923W N 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
Clay		0	10	10
Sand		10	13	3
Clay		13	42	29
Sand & Gravel		42	48	6
Clay		48	75	27
Sand & Gravel	X	75	77	2
Clay		77	89	12
Sand & Gravel	X	89	96	7
Clay		96	107	11
Sand & Gravel	X	107	115	8
Clay		115	124	9
Sand & Gravel	X	124	140	16
<u>Blue CLAY</u>		<u>140</u>	<u>148</u>	<u>8</u>

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9. WELL CONSTRUCTION

Depth Drilled 140 148 Feet Depth Cased 148 140 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10	0	148		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+2	28
6	PVC	SDR-17	28	148

Perforations:

Type of perforation screen
Size of perforation 0.032

From 128 feet to 148 feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 28 Pumped Poured
 ≥30% Bentonite Grout 28 to 53 Pumped Poured

Gravel Pack: Yes No 53 to 140 Pumped Poured
Type: 3/8 PEA GRAVE

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

Date started: 30-Dec, 20 06
Date completed: 3-Jan, 20 07

7. Water Level
Static water level: 17 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
APPROX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M.	<u>100</u>	Draw Down (Feet Below Static)	Time (Hours)
		<u>7.8</u>	<u>7.8</u>

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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 [Signature]
By driller performing actual drilling on site or contractor

Date 1-23-07

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