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**WELL DRILLER'S REPORT**

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin **D49**

NOTICE OF INTENT NO. **60141**

1. OWNER **JESUS & CELIA GONZALES** ADDRESS AT WELL LOCATION **None established**  
 MAILING ADDRESS **446 26th St. 3 Owyhee Ave**

2. LOCATION **SW 1/4 SE 1/4 Sec. 31 T 34 N 1/2 R 55 E Elk Co.** County  
 PERMIT NO. **N 1A** Issued by Water Resources **064-015-016** Parcel No. **MUR 49** **LOT 16 - BLK 15** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Soil		0	2	2
Coarse broken rock & clay		2	6	4
Sandy clay		6	70	64
Sand, gravel & clay	✓	70	95	15
Sandy clay		95	155	60
Sand	✓	155	165	10
Sandy clay		165	170	5
G.P.S.				
<del>40.79573 N</del>				
<del>115.81826 W</del>				
<del>40.71869 N</del>				
115.81826 W				
40.78168 N				
115.81826 W				

8. WELL CONSTRUCTION  
 Depth Drilled **170** Feet Depth Cased **170** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 Inches	0 Feet 100 Feet
8 Inches	100 Feet 170 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.108	+1 1/2	170

Perforations:  
 Type perforation **Torch cut**  
 Size perforation **1/2 x 4 x 2/21**

From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From ~~155~~ feet to \_\_\_\_\_ feet  
 From ~~130~~ feet to **167** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal **50**

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From ~~155~~ feet to **170** feet

9. WATER LEVEL  
 Static water level **521** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cold** °F Quality **Good**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **MATH DRILLING Co** Contractor  
 Address **203 Pine St., Elko, NV 89801** Contractor

Nevada contractor's license number issued by the State Contractor's Board **12819**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **632**  
 Signed **James V. Nicks**  
 By driller performing actual drilling on site or contractor  
 Date **3-24-08** **RC 6-25-08**

Date started **3-14**, 20**08**  
 Date completed **3-24**, 20**08**

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>20</b>	<b>25</b>	<b>2</b>