

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

OFFICE USE ONLY

Log No. 109628
Permit No. _____
Basin 177

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. 62049

1. OWNER Bonnie Bauer ADDRESS AT WELL LOCATION Clover Valley, Nevada
MAILING ADDRESS HC 60, Box 199 off Highway 93
Wells, NV 89835 Subdivision Name: _____ County: Elko

2. LOCATION NW 1/4 NW 1/4 Sec 14 T 34N N/S R 62 E Latitude 40.50.054N UTM E NAD 27
PERMIT/WAIVER No. 008-31N-002 Longitude 114.56.826W 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 Monitor
 Municipal/Industrial Stock

5. WELL TYPE Cable Rotary RVC
 Air Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Loam		0	19	19
Clay		19	62	43
Sand	X	62	67	5
Soft Sandstone		67	92	25
Hard Sandstone		92	106	14
Soft Sandstone		106	118	12
Hard Sandstone		118	127	9
Soft Sand	X	127	140	13

40.834241 N
114.946225 W
NAD 27 (TA)

9. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10 5/8</u> inches	<u>0</u>	<u>140</u>	<u>140</u>
_____ inches	_____	_____	_____
_____ inches	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>12.92</u>	<u>188</u>	<u>+1</u>	<u>20</u>
<u>6</u>		<u>SDR-17</u>	<u>20</u>	<u>140</u>

Perforations:

Type of perforation _____ Screen

Size of perforation _____ 0.32

From 120 feet to 140 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 _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 140 Pumped Poured

Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No 20 to 50 Pumped Poured

Type: 3/8 Kwik Plug

7. Water Level

Static water level: 16 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 type="checkbox"/> Air Lift			
<u>APPROX</u>	<u>55</u>		<u>6.5</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 6-30-08