

FINALIZED *mt*

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

OFFICE USE ONLY
Log No. 110497
Permit No. _____
Basin 188

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. NR014 N01
67369

1. OWNER James Boyer/ Pequop Conservancy LLC
MAILING ADDRESS P.O. Box 7335
Reno, NV 89510

ADDRESS AT WELL LOCATION Warm Springs
Independence Valley
Subdivision Name: _____ County: Elko

2. LOCATION NW 1/4 NW 1/4 Sec 33 T 36N N/S R 64 E
PERMIT/WAIVER No. _____
tract of land
Issued by Water Resources Parcel No. _____

Latitude 40°57'57N UTM E NAD 27
Longitude 114°45'06W N NAD 83 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

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Alluvium		0	20	20
Gravel		20	100	80
Cobble	X	100	160	60
40.965, 908°N NAD 27 D.D. 114.750, 797°W				
2010 FEB - 8 11:12:28				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	Feet
160			160	
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	50
8 3/4	Inches	50	Feet	160
	Inches		Feet	Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	13	.188	+2	160

Perforations:			
Type of perforation	Machine	From	To
Size of perforation	3/16 x 4		
From	140	feet to	160
From		feet to	feet
From		feet to	feet
From		feet to	feet
From		feet to	feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 20 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 160 Pumped Poured

Type: _____

Bentonite Chips: Yes No 20 to 100 Pumped Poured

Type: 3/8 chips

Date started: 8-Jan, 20 10
Date completed: 12-Jan, 20 10

7. Water Level
Static water level: 30 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °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			
Approx	40		10

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Clay Fertig 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 2367
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 02-10-10