

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

OFFICE USE ONLY
Log No. 114244
Permit No. 043
Basin 043

**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. 67473

1. OWNER Ray Reynolds ADDRESS AT WELL LOCATION Starr Valley, Nevada
MAILING ADDRESS P.O. Box 402

2. LOCATION NE 1/4 SW 1/4 Sec 8 T 36N N/S R 60 E Latitude N41. 01. 052 UTM E NAD 27
PERMIT/WAIVER No. 007-550-058 Longitude W115. 13. 058 N NAD 83 NAD 83/WGS 84
Issued by Water Resources Parcel No. Subdivision Name: County Elko

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	Thickness
Sand		0	4	4
Light Brown Clay		4	18	14
Light Brown Sand/Clay mix		18	45	27
Cobble/Gravel		45	51	6
Brown Clay		51	68	17
Sand and Clay Mix		68	76	8
Lost Returns (hit void)	X	76	82	6
Clay ?		82	89	7
Sandstone ?		89	104	15
Clay ?		104	149	45
Broken Sandstone ?	X	149	160	11

8. WELL CONSTRUCTION

Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
10.5	Inches	0	Feet
	Inches		Feet
	Inches		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+2	20
6	PVC	SDR-17	20	160

Perforations:

Type of perforation	Screen
Size of perforation	0.032
From <u>140</u> feet to <u>160</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal 20
Placement Method: Pumped Poured
Gravel Packed: Yes No
From 3/4 pea 54 feet to 160 feet

9. 3/4 knick plug 20's WATER LEVEL
Static water level 20' feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature _____ °F Quality _____

Date started July 20, 20 11
Date completed 23-Jul, 20 11

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Approx	42		15

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 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 8-11-11

(Rev. 06/10)

USE ADDITIONAL SHEETS IF NECESSARY

41.017533°N
-115.230000°W
NAD 27
TA

RECEIVED
2011 AUG 15 PM 1:58
STATE ENGINEERS OFFICE