



WELL DRILLERS REPORT

Please complete this form in its entirety.

NOTICE OF INTENT NO. 160

PRINT OR TYPE ONLY

1. OWNER DUANE BOGGIO ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. BOX 34
PARADISE VALLEY, NEV 89426

2. LOCATION NE 1/4 NE 1/4 Sec 6 T. 41 N/S R 40 E HUMBOLDT County _____
 PERMIT NO. 34702 & 34703
Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation
 Municipal Industrial Test
 Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY TOP SOIL		0	12	12
SAND & GRAVEL TO 4"		12	51	39
BR. CLAY & SAND		51	52	1
GRAVEL		52	100	48
SAND & LG. GRAVEL W/S BR. CLAY		100	160	60
GRAVEL 2"		160	180	20
GRAVEL W/SHARP EDGES		180	200	20
HD. ROCK		200	210	10
FINE GRAVEL		210	260	50
GRAVEL 6"		260	280	20
SAND & LG. GRAVEL W/S BR. CLAY		280	310	30
HD. BR. CLAY W/GRAVEL IMBEDDED		310	365	50
BR. CLAY W/SAND & GRAVEL STRINGERS		265	370	5
DECOMPOSED GRANIT W/CLAY STRINGERS		370	418	48
CLAY		418	426	8
DECOMPOSED GRANIT W/CLAY STRINGERS		426	600	174
BR. CLAY W/DECOMPOSED GRANIT STRINGERS		260	640	40

8. WELL CONSTRUCTION
 Diameter hole 24 inches Total depth 640 feet
 Casing record 16"
 Weight per foot _____ Thickness 1/4

Diameter	From	To
16" BLANK	0	168
16" PERE	168	216
16" FULL FLOW	216	264
16" PERE	264	504
16" SAW CUT	504	624

Surface seal: Yes No Type concrete
 Depth of seal 50 ft.
 Gravel packed: Yes No
 Gravel packed from 51 feet to 640 feet

Perforations:
 Type perforation ROSEOE MOSS
 Size perforation 1/8"

From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started FEB 1, 1982, 19____
 Date completed FEB 5, 1982, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>1500</u>	<u>230</u>	<u>8</u>

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name HUMBOLDT DRILLING & PUMP CO., INC. Contractor
P.O. BOX 689
 Address WINNEMUCCA, NEVADA 89445 Contractor
 Nevada contractor's license number 015234
 Nevada contractor's drillers number C-23
 Nevada driller's license number 1153 Actual Driller
 Signed [Signature] Contractor
 Date 2-9-82