

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5370

PRINT OR TYPE ONLY

1. OWNER John + Joann DAVIS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 139
Battle Mt. Nev 89820
 2. LOCATION NE 1/4 NE 1/4 Sec 26 T 33 N/S R 48 E EUREKA County
 PERMIT NO. _____ Parcel No. M.D.B.+M Subdivision Name _____
 Issued by Water Resources _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>fill</u>		<u>0</u>	<u>10</u>	
<u>loose sand</u>		<u>10</u>	<u>40</u>	
<u>clay</u>		<u>40</u>	<u>85</u>	
<u>clay</u>		<u>85</u>	<u>110</u>	
<u>clay</u>	<input checked="" type="checkbox"/>	<u>110</u>	<u>140</u>	
<u>shaly clay</u>		<u>140</u>	<u>180</u>	
<u>ll ll</u>	<input checked="" type="checkbox"/>	<u>180</u>	<u>200</u>	

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 200 feet
 Casing record _____
 Weight per foot _____ Thickness 188
 Diameter From To
6 inches 0 feet 200 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Drch
 Size perforation 7x8
 From 180 feet to 200 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 64 ° F. Quality Good

Date started 10-20, 1984
 Date completed 10-25, 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>15</u>	<u>30ft</u>	<u>2</u>

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Alcove Drilling
 Address P.O. Box 139 B.M. Nev.
 Nevada contractor's license number 20692
 Nevada contractor's drillers number 1357
 Nevada driller's license number 1357
 Signed William B. Allen Actual Driller
 Date 10-31-84 Contractor

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