

OFFICE USE ONLY
 Log No. 37810
 Permit No. _____
 Basin 4-44

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 19202

1. OWNER D. F. W. INC ADDRESS AT WELL LOCATION BACK 1 LOT
 MAILING ADDRESS PO BOX 3111 ON WEST SIDE FRONT AVE FROM
ELKO N.V. 89501 SECOND ST
 2. LOCATION NE 1/4 SE 1/4 Sec. 36 T. 36 N/S R. 56 E ELKO County
 PERMIT NO. 06-334-57-8 Parcel No. Ryndon Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
<u>Loam</u>		<u>0</u>	<u>9</u>	<u>9</u>
<u>Clay</u>		<u>9</u>	<u>65</u>	<u>56</u>
<u>Limestone</u>		<u>65</u>	<u>67</u>	<u>2</u>
<u>Clay</u>		<u>67</u>	<u>83</u>	<u>16</u>
<u>Limestone</u>		<u>83</u>	<u>84</u>	<u>1</u>
<u>Clay</u>		<u>84</u>	<u>112</u>	<u>28</u>
<u>Loose Limestone</u>	<u>Water</u>	<u>112</u>	<u>120</u>	<u>8</u>

DLF 1584

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cascd 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>		<u>1 5/8</u>	<u>12</u>	<u>120</u>

Perforations:
 Type perforation slots
 Size perforation 3/4" - 3"
 From 120 feet to 120 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 120 feet

9. WATER LEVEL
 Static water level 34 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 11-17- 1981
 Date completed 11-18 1981

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>		<u>1</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fertig Drilling Co Contractor
 Address PO BOX 525 Contractor
ELKO N.V. 89501
 Nevada contractor's license number issued by the State Contractor's Board 31804
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shaul's [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-5-81