

TB-11

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 37840
Permit No. _____
Basin 61

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. 14941

1. OWNER Doc Gold ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 1193 24 Miles NE of Dumpy
Eiko Nev. 89501 Exit off I-80
 2. LOCATION SE 1/4 SW 1/4 Sec 10 T 36 N N/S R. 49 E EIKO County
 PERMIT NO. M/0-357A Issued by Water Resources Parcel No. _____ 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>Drilled out Hole TB-11 from 0' to 53' with 6" casing</u>				
<u>Drilled out 2" PVC-pipe + Bentonite Hole stood open</u>				
<u>Mixed Cement at 6 gal of water per 5x + Filled Hole from 53' to surface. Used 12 5x5 of Portland Cement</u>				
<u>Next Cement 12-5x5</u>				

8. WELL CONSTRUCTION
 Depth Drilled 53 Feet Depth Cased 52.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6" Inches 0 Feet 53 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>50</u>	<u>Sch 40</u>	<u>0</u>	<u>52.5</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 12-19-91, 19____
 Date completed 12-19-91, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
<u>8 P.M.</u>	<u>7-11-91</u>	<u>76</u>

9. WATER LEVEL
 Static water level 21' Appx feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Erikland Drilling Contractor
 Address 605 Union Pacific Way Contractor
PO Box 2786
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1762
 Signed Floyd P. Washel (Pet)
 By driller performing actual drilling on site or contractor
 Date 12-20-91