

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

OFFICE USE ONLY  
 Log No. 40196  
 Permit No. 47  
 Basin 47  
 NOTICE OF INTENT NO. 18337

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

1. OWNER BLM ADDRESS AT WELL LOCATION Mary's River  
 MAILING ADDRESS P.O. Box 831  
Elko, Nev 89801 Attn. Nancy  
 2. LOCATION SE 1/4 NE 1/4 Sec 2 T 37 N/S R 59 E County Elko  
 PERMIT NO. 57906 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
Sands & Gravels		0	20	
Blue Clay		20	70	
Blue Clay		70	80	
Blue		80	110	
Green		110	115	
Blue Clay		115	500	

well was vacated of water filled from bottom to surface with cement grout

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8. WELL CONSTRUCTION  
 Depth Drilled 500 Feet Depth Cascd 0 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 500  
8 Inches 0 Feet 500 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 11-9 1992  
 Date completed 11-11 1992

7. WELL TEST DATA

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

9. WATER LEVEL  
 Static water level \_\_\_\_\_ 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 R. D. Reynolds Contractor  
 Address P.O. Box 402 Contractor  
Wells, Nev 89835  
 Nevada contractor's license number issued by the State Contractor's Board 014410  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1585  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date 12-16-92