

OFFICE USE ONLY  
 Log No. 40103  
 Permit No. 42  
 Basin I  
 NOTICE OF INTENT NO. 18338

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

1. OWNER BLM ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS PO Box 831  
Wells, New 89835 Attn: Nancy Twin Buttes Well  
 2. LOCATION SW 1/4 NW 34 1/4 Sec. 34 T. 39 N/S R. 59 E. EIKO County  
 PERMIT NO. 57904 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
Top Soil		0	1	
Sands & Gravels		1	10	
volcanic ash light tan		10	30	
Dark brown sands		30	40	
Dark brown w/ light tan clay		40	50	
tan clay				
tan. Kyalite sands		50	63	
Kyalite gravels		63	70	
Alt. con. gravels & clay		70	100	
soft gray clay		<del>100</del>	<del>100</del>	
Gravels (small amt water)		100	130	
Kyalite hard		130	150	
Alt. con. to UNCONS.		150	165	
Gravel	✓			
hard gray		165	170	

8. WELL CONSTRUCTION  
 Depth Drilled 170 Feet Depth Cased 170 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 170 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 5/8</u>	<u>17.02</u>	<u>.250</u>	<u>+2'</u>	<u>170'</u>

Perforations:  
 Type perforation SS 304 screen  
 Size perforation .064  
 From 150 feet to 170 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 140 feet to 170 feet 6-9

9. WATER LEVEL  
 Static water level 42 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 61 °F Quality good

Date started 11-15 1992  
 Date completed 11-26 1992

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>52</u>	<u>3</u>

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 PO. Box 402 Contractor  
Wells, New 89835  
 Nevada contractor's license number 014410  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the 1585  
 Division of Water Resources, on-site driller.  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 12-16-92