

OFFICE USE ONLY
Log No. 42720
Permit No. 4-71
Basin. I

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. 20480

1. OWNER Leon Pierce ADDRESS AT WELL LOCATION None Assigned AT this time
MAILING ADDRESS P.O. Box 78 Winnamucca NV 89446
2. LOCATION SE 1/4 NE 1/4 Sec. 19 T. 34 N. R. 38 E Pershing County
PERMIT NO. "N/A" Parcel No. 20 Subdivision Name None

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
LARGE ROCK		0	56	56
Cement & Gravel		56	72	16
CLAY		72	85	13
LARGE ROCK		85	162	77
SAND	1st	162	170	8
CLAY		170	216	46
LARGE		210	230	20
CLAY		230	243	13
pea gravel	2nd	243	265	22

8. WELL CONSTRUCTION
Depth Drilled 265 Feet Depth Cased 265 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 Inches Feet 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>188</u>	<u>0</u>	<u>265</u>

Perforations:
Type perforation FACTORY
Size perforation 1/8
From 225 feet to 265 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 265 feet to 50 feet

9. WATER LEVEL
Static water level _____ feet below land surface
Artesian flow N/A G.P.M. _____ P.S.I.
Water temperature COLD °F Quality GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name GARY SCHUBERT Contractor
Address P.O. Box 163 Golconda N.V. 89411 Contractor
Nevada contractor's license number issued by the State Contractor's Board 12492
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 601
Signed _____ By driller performing actual drilling on site or contractor
Date _____

Date started _____, 19____
Date completed _____, 19____

7. WELL TEST DATA

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

'93 SEP 13 P2:45
 RECEIVED
 STATE ENGINEERS OFFICE