

OFFICE USE ONLY
Log No. 42917
Permit No. _____
Basin. 2-30a

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. 4694

1. OWNER RIO KING RANCH COMPANY ADDRESS AT WELL LOCATION _____
MAILING ADDRESS P.O. BOX 122 KINGS RIVER, NEVADA
OROVADA, NEVADA 89425 KINGS RIVER VALLEY KINGS RIVER VALLEY
2. LOCATION NE 1/4 SW 1/4 Sec. 25 T. 45 N. N/S R. 33 E. HUMBOLDT County
PERMIT NO. W389 Issued by Water Resources | NONE Parcel No. | NONE Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
med. brn top soil		0	5	5
med. brn crse sandy clay		5	30	25
crse sand & sandy clay		30	60	30
fine sandy clay		60	80	20
crse sandy clay&gravely clay		80	150	70
med. sand		130	150	20
med. brn sandy clay		150	162	12
sand & gravel		162	187	25
med. sand		187	210	23
dark brn sand&sandy clay		210	292	82
med. brn sand		292	306	14
med. brnsandy clay		306	326	20
sand & sandy clay		326	355	29
sand		355	405	50
sand		405	460	55
sand & gravel		460	480	20
sand & gravel & sandy clay		480	505	25
crse sand & gravel		505	518	13
sand&gravel&sandy clay		518	555	37
med. brn. sand		555	590	35
sand & gravel		590	600	10
ABONDONMENT: this well is abandoned				
5/8" perma plug		600	50	
concrete		50	surface	

8. WELL CONSTRUCTION
Depth Drilled 600 Feet Depth Cased 0 Feet
HOLE DIAMETER (BIT SIZE)
From To
9 7/8 Inches 0 Feet 600 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
		none		

Perforations:
Type perforation _____
Size perforation none
From _____ feet to _____ feet
From _____ feet to _____ feet

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

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name PETE COPE DRILLING CO., INC.
Address 6505 W. CHINDEN
MERIDIAN, IDAHO 83642
Nevada contractor's license number issued by the State Contractor's Board 13443
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1484
Signed Joseph By driller performing actual drilling on site or contractor
Date 10/28/93

Date started 9-21, 1993
Date completed 9-24, 1993

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			
	NONE		