

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

OFFICE USE ONLY
 Log No. **44803**
 Permit No. _____
 Basin **044**

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

NOTICE OF INTENT NO. **22889**

1. OWNER **KENNETH KAUFMAN** ADDRESS AT WELL LOCATION **ONE 1/2 MI. NORTH OF EIGHTH ST ON MCKINLEY WEST side**
 MAILING ADDRESS **332-14 OSINO ELKO NV 89801**

2. LOCATION **SE 1/4 SE 1/4 NW 1/4 NW 1/4 Sec. 36 T 36 N/S R. 56 E ELKO** County
 PERMIT NO. **64-2** Parcel No. **Ryndon** 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	Thickness
SANDY LOAM		0	4	4
SANDSTONE		4	12	8
CLAY		12	84	72'
SANDSTONE		84	86	2
CLAY		86	168	82
LIMESTONE		168	173	5'
CLAY		173	235	62
LOSE LIMESTONE	X	235	238	3'
CLAY	X	238	244	6'
LOSE LIMESTONE	X	244	270	26'

8. WELL CONSTRUCTION

Depth Drilled **270** Feet Depth Cased **270** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 Inches	0 Feet 60 Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	188	72	270

Perforations:
 Type perforation **slots**
 Size perforation **3/16 - 250 -**
 From **250** feet to **270** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **55** feet to **270** feet

Date started **5-23** 19**94**
 Date completed **5-27** 19**94**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
60+		4.5

9. WATER LEVEL

Static water level **134** feet below land surface
 Artesian flow _____ 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 **Fentig Drilling Co** Contractor
 Address **P.O. Box 525** Contractor
ELKO NV 89803

Nevada contractor's license number issued by the State Contractor's Board **31904**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1584**

Signed **Shorel C. Fentig**
 By driller performing actual drilling on site or contractor
 Date **6-6-94**

'94 JUN 13 P1:47
 STATE ENGINEER'S OFFICE