

PRINT OR TYPE ONLY
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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. 19632

1. OWNER Phillip Beertson ADDRESS AT WELL LOCATION 8555
MAILING ADDRESS Box # 29 Ditch Flat Road
Adrian Oregon 97901

2. LOCATION SE 1/4 SW 1/4 Sec 28 T 38 N/S R 39 E Humbolt County
PERMIT NO. 15947 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
This is a rehab project to try and stop this well from pumping sand. We found sand discrepancies on the original log. The original casing is 18" instead of 14" and is 3/4" wall. The well was drilled to 256' and cased to 248'. The well was back filled with shot rock from 227' to 256'. We drilled to 279'. We elevated the casings to +4' to get above flood level. Casings were welded together at top and 2" gravel and sanding pipes installed.				
Coarse sand	yes	256	260	4'
Med gravel	yes	260	266	6'
Sand gravel	yes	266	273	7'
Sand + clay	NO	273	275	2'
Clay	NO	275	279	4'

8. WELL CONSTRUCTION
Depth Drilled 279 Feet Depth Cased 279 Feet

HOLE DIAMETER (BIT SIZE)
From 18 Inches 248 Feet 279 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14		.250	+4	-202
12		.250	202	279

Perforations:
Type perforation Mill slot
Size perforation 1/8" x 3"
From 60 feet to 279 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: Yes No
From 0 feet to 279 feet

9. WATER LEVEL
Static water level 3.1 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 60 °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 _____ Contractor
Address _____ Contractor
Nevada contractor's license number issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 790
Signed Gerrit D. Allen
By driller performing actual drilling on site or contractor
Date 8-10-94

Date started 6-20 1994
Date completed 8-1 1994

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
94	STAT	