WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 47836
Permit No.
Basin 040

NOTICE OF INTENT NO. 20873

1. OWNER Barton's Club 93
MAILING ADDRESS P.O. Box 523
Jackpot, NV 89825

ADDRESS AT WELL LOCATION
Behind Club

2. LOCATION NW ¼ SW ¼ Sec. 1 T 47 N/S R 64 E Elko County
PERMIT NO. 24285 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	Thickness
Old well 322 ft. 8" well				
Pumped bentonite from bottom of well to 56 ft. (322' to 56')				
Cement seal 56 ft. to surface				

'95 FEB 16 AM 11:46 STATE ENGINEER

Date started February 10, 19 95
Date completed February 10, 19 95

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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

HOLE DIAMETER (BIT SIZE)

	From	To
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)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

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

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elsing Drilling & Pump Co., Inc. (Contractor)
Address P.O. Box 919 (Contractor)
Twin Falls, ID 83303-0919
Nevada contractor's license number issued by the State Contractor's Board 0017177
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1741
Signed [signature] (By driller performing actual drilling on site or contractor)
Date February 14, 1995

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627