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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. 399-38

1. OWNER RON TAW ADDRESS AT WELL LOCATION CORNER OF TAFT Ave and 13th St
 MAILING ADDRESS 336-9 OSINO

2. LOCATION S 1/2 SW 1/4 Sec 24 T 36 N/S R 56 E ELKO County
 PERMIT NO. 06-33E-03-8 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
CLAY		0	2	2
SANDSTONE		2	3	1
CLAY		3	6	3
SANDSTONE		6	10	4
CLAY		10	45	35
SANDSTONE		45	54	9
CLAY		54	246	192
Loose CLAY SAND	X	246	275	29

8. WELL CONSTRUCTION
 Depth Drilled 275 Feet Depth Cased 275 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 275 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	1.88	7.2	275

Perforations:
 Type perforation Slots
 Size perforation 3/16 x 3"
 From 255 feet to 275 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 275 feet

9. WATER LEVEL
 Static water level 155 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °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 Fertig Drilling Co Contractor
 Address P.O. Box 825 Contractor
ELKO NV 89801
 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 Shouk F. Fattah
 By driller performing actual drilling on site or contractor
 Date 5-3-95

Date started 4-18, 1995
 Date completed 4-26, 1995

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 checked="" type="checkbox"/> Air Lift	<u>35</u>		<u>3.5</u>

'95 MAY 10 10:45
 STATE ENGINEER