

OFFICE USE ONLY  
 Log No. 50609, 50610  
 Permit No. \_\_\_\_\_  
 Basin 03

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. 30771

1. OWNER Indian Health Services ADDRESS AT WELL LOCATION Near Hospital  
 MAILING ADDRESS Nevada Highway 225 in Owyhee  
Owyhee, Nevada 89832

2. LOCATION NW 1/4 NE 1/4 Sec. 26 T. 46 N/S R. 52 E. Elko County  
 PERMIT NO. 0-942 well MW-7 Duck Valley Indian Res. 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
Asphalt		0	3"	3"
Sandy Gravel		3"	3'	2'9"
Brown Grey Volcanic		3	15	12
Yellow Clay		15	17	2
Grey-Brown Volcanic damp		17	26	9
Red/Brown Volcanic		26	38	12
Red/Brown Fractured wet		38	50	12

Set 1st PVC to 50' - sand packed with silica sand to 33' - placed 3/8 bentonite seal from 24-33' - sandpacked from 22 1/2 - 24' - set 2nd PVC to 22 1/2' sand packed to 6 1/2' - placed 3/8 bentonite seal from 5-6 1/2' cement 0-5 - set vault flush with asphalt

8. WELL CONSTRUCTION  
 Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
8 Inches 0 Feet 10 Feet  
6 1/2 Inches 10 Feet 50 Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>50</u>
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforations:  
 Type perforation millslot  
 Size perforation .020  
 From 35 feet to 50 feet  
 From 10 feet to 25 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 5'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From see log feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level Unknown 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 Hackworth Drilling, Inc. Contractor  
 Address P.O. Box 850 Contractor  
Elko, NV 89803  
 Nevada contractor's license number issued by the State Contractor's Board 020582  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1654  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 10-6-95

Date started 9-20, 1995  
 Date completed 9-20, 1995

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

RECEIVED  
 05 OCT 10 AM 10:30  
 STATE ENGINEERS OFFICE