

OFFICE USE ONLY  
 Log No. 59553  
 Permit No. \_\_\_\_\_  
 Basin 049  
 NOTICE OF INTENT NO. 30899

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

1. OWNER SAFENAY ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS MIN. CITY HINAY  
ELKO, NV  
 2. LOCATION SW 1/4 SW 1/4 Sec. 15 T 34 R 55 E ELKO County  
 PERMIT NO. OLD M/O 309 1-133-94 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources

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 AKER

6. MW4 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ON 8-1-96 I</u>	<u>19'</u>			
<u>FOUND THE WELL</u>				
<u>TO BE IN GOOD</u>				
<u>CONDITION. I THEN</u>				
<u>DRILLED THE CASING</u>				
<u>OUT TO 30' I</u>				
<u>THEN PRESSURE</u>				
<u>COURED THE HOLE</u>				
<u>FROM 30' TO 0'</u>				
<u>WITH NEAT CEMENT</u>				
<u>GROUT</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 30' Feet Depth Cased 30' Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 8 Inches To 0' Feet 30' Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>54.40</u>	<u>PVC</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation FACTORY  
 Size perforation ORZ  
 From 15' feet to 30' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 30'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 19' feet below land surface  
 Artesian flow N/A G.P.M. N/A P.S.I.  
 Water temperature 64.0 °F Quality N/A

Date started 8/1, 19 96  
 Date completed 8/1, 19 96

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name ANDRESEN EXPLORATION DRILLING Contractor  
 Address 1635 BELFORD RD. Contractor  
BEND, NV 89509  
 Nevada contractor's license number 34520  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the 1028  
 Division of Water Resources, the on-site driller  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 8/20/96

RECEIVED  
 OCT-9 10:01 AM  
 STATE ENGINEERING OFFICE