

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. 30899

1. OWNER SAFEWAY ADDRESS AT WELL LOCATION SAGE
MAILING ADDRESS 9120 CITY HIGHWAY
ELKO NV

2. LOCATION S_W 1/4 S_W 1/4 Sec. 15 T. 34 N. R. 55 E. ELKO County
PERMIT NO. 00040309 Issued by Water Resources Parcel No. 1133-06 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 Angel

6. NEW LITHOLOGIC LOG 6

Material	Water Strata	From	To	Thick-ness
<u>02 8-1-96</u>	<u>17</u>			
<u>I Found THE</u>				
<u>WELL TO BE</u>				
<u>IN CONDITION</u>				
<u>I THEN DRILLED</u>				
<u>OUT THE CASING</u>				
<u>TO 30'</u>				
<u>THEN PRESSURE</u>				
<u>GRADED THE HOLE</u>				
<u>FROM 30' TO</u>				
<u>WITH SEALANT</u>				

8. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
From 8" To 30"
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)
<u>2"</u>	<u>S&W 40</u>	<u>PVC</u>	<u>0</u>	<u>30</u>

Perforations:
Type perforation FACTORY
Size perforation 0.20
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 17 feet below land surface
Artesian flow N/A G.P.M. N/A P.S.I.
Water temperature 60 °F Quality N/A

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
RENO, NV 89509
Nevada contractor's license number 34525 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 1020
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 8/20/96

Date started 8-1, 1996
Date completed 8-1, 1996

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>