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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. 35564

1. OWNER KINROSS ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 661 Anderson St.  
WINNEMUCA NV 89493

2. LOCATION SE 1/4 NW 1/4 Sec. 22 T 30 N3R 38 E Pershing County  
 PERMIT NO. M01105 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	Thick-ness
GRAVEL		0	200	200
SANDY / CLAY		200	350	150
CLAY		350	1025	675
SANDSTONE		1025	1035	10
SAND CLAY		1035	1100	65
SANDSTONE		1100	1200	100
Water at	50			
Possible water very minimal from		1100	1200	
Sanitary seal Cement 10 sacks		0	50	50
Grout		50	985	935
Aqua Guard 100 Enviroplug 6 SAND 70 sacks		985	1200	215

8. WELL CONSTRUCTION  
 Depth Drilled 1200 Feet Depth Cased 1200 Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 20 Feet  
6 Inches 20 Feet 1200 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>			<u>+2</u>	<u>200</u>
<u>2"</u>		<u>schedule 80</u>	<u>+2</u>	<u>1200</u>

Perforations:  
 Type perforation slotted  
 Size perforation \_\_\_\_\_

From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From Alternated every feet to \_\_\_\_\_ feet  
 From 10ft with blank feet to and slotted feet  
 From 1000 ft feet to 1200 ft feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

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

9. WATER LEVEL  
 Static water level 57 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality Good

Date started 1-26 19 97  
 Date completed 2-3 19 97

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>50</u>	<u>10</u>		
<u>1025</u>	<u>4</u>		

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name EKLUND DRILLING COMPANY, INC. Contractor  
 Address P. O. Box 2748 Contractor  
Elko, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 0030823  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1960

Signed Jim Hunt  
 By driller performing actual drilling on site or contractor  
 Date 2-4-97