

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. 38523

1. OWNER M I Drilling ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 370 Clipper Mine
Battle Mountain, NV 89820

2. LOCATION SW 1/4 NW 1/4 Sec. 25 T 28N N/S R 45E E Lander County
 PERMIT NO. 733014 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Perforated		0	50	
Casing collapsed at 87'				
Tremie pipe set to 84'				
Pump cement grout to surface				
Approx. 1 yd.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		.188	0	87

Perforations:

Type perforation Holt Perforator

Size perforation _____

From 0 feet to 50 feet

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 28 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 Humboldt Drilling & Pump Co., Inc. Contractor

Address 4675 W. Winnemucca Blvd Contractor

Winnemucca, NV 89445

Nevada contractor's license number issued by the State Contractor's Board 015234

Nevada driller's license number issued by the Division of Water Resources the on-site driller 1562

Signed [Signature] By driller performing actual drilling on-site or contractor

Date 8-26-97

Date started 8/15/97 _____ 19
 Date completed 8/15/97 _____ 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/>	Draw Down (Feet Below Static)	Time (Hours)

RECEIVED
 07/26/97
 07/26/97