

OFFICE USE ONLY
 Log No. 68610
 Permit No. _____
 Basin. 071

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. 28522

1. OWNER DAVID CANNON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 1412 5765 EAGLE STREET
WMCA, NV 89446 WINNEMUCO, NV 89445
 2. LOCATION SW 1/4 SW 1/4 Sec. 7 T. 34 N/S R. 38 E. PERSHING County
 PERMIT NO. 09-421-09 Parcel No. _____ Subdivision Name BURNS SUBDIVISION
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	3	3
CLAY/GRAVEL		3	15	12
BROWN CLAY		15	52	37
CEMENTED GRAVEL CLAY SEAMS		52	85	33
GRAVEL	85	85	95	10
SAND AND GRAVEL	↓	95	120	25

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>0</u>	<u>120</u>

Perforations:
 Type perforation SAW SLOT
 Size perforation 1/2 x 2
 From 100 feet to 120 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 51 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.0 °F Quality GOOD

Date started July 10 1996
 Date completed July 13 1996

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>30+</u>	<u>7</u>	<u>2 HR</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DAVE MCNINCH DRILLING Contractor
 Address PO BOX 585 Contractor
WMCA, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board 5437
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1712
 Signed Mike McNinch
 By driller performing actual drilling on site or contractor
 Date _____

RECEIVED
 96 SEP 24 AM 11:29
 STATE ENGINEERS OFFICE