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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. 34240

1. OWNER TONY Halmgren ADDRESS AT WELL LOCATION 5th ST
 MAILING ADDRESS 2022 Idaho ST Blk 63 Lot 7
Elko NV 89801
 2. LOCATION SW 1/4 SE 1/4 Sec 35 T 35 N/S R 55 E County Elko
 PERMIT NO. 37-063-07-0 MOR # 5 Subdivision Name Kittidge Cyn
 Issued by Water Resources Parcel No. _____

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
Loam		0	3	3
Hard PAN		3	5	2
CLAY		5	27	22
Cemented Gravel		27	106	79
CLAY		106	109	3
Cemented Gravel		109	215	106
SAND STONE	x	215	219	4
CLAY		219	256	37
Loose Gravel & SAND	x	256	280	24

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/2 Inches To 0 Feet 280 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 3/4</u>	<u>12.92</u>	<u>1.88</u>	<u>+3</u>	<u>280</u>

Perforations:
 Type perforation Millslots
 Size perforation 3/16 x 3"
 From 260 feet to 280 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 280 feet

9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °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 FERTIG Drilling Co Contractor
 Address P.O. Box 525 Contractor
Elko NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 00319041
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shel C. Fertig
 By driller performing actual drilling on site or contractor
 Date 4-1-97

Date started 2-27, 1997
 Date completed 3-2, 1997

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Approx</u>	<u>50</u>		<u>4.0</u>

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 07 APR - 1 PM 2:45
 STATE ENGINEERING OFFICE