

PW 30 - 0462 0438

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 72794
Permit No. 31
Basin

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. PW30 15335
0462-74664
Sleepers Mine 0438-8350

1. OWNER *Arns* ADDRESS AT WELL LOCATION
MAILING ADDRESS *Lee Ann House Rd*
Wendover NV 89455
2. LOCATION *NE 1/4 NW 1/4 Sec. 21 T. 40 N. R. 35 E. Humboldt* County
PERMIT NO. *53132 0462-M00411 04-3880013*
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	Thickness
<i>PW-30 Rip Case</i>		<i>From 152</i>	<i>TD 248</i>	
<i>to 60' Pump Bent</i>				
<i>From 235-30' Cement</i>				
<i>30' to Surface</i>				
<i>OH-62 Bent Signal 320</i>				
<i>to 10' Cement</i>				
<i>10' to Surface</i>				
<i>OH-38 Bent Signal 450</i>				
<i>to 10' Cement</i>				
<i>10' to Surface</i>				

Plugging of log # 33802

Plugging of log # 30597

8. WELL CONSTRUCTION
Depth Drilled.....Feet Depth Cased.....Feet
HOLE DIAMETER (BIT SIZE)
From To
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)
Perforations:
Type perforation.....
Size perforation.....
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
Surface Seal: Yes No Seal Type:
Depth of Seal..... Neat Cement
 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From.....feet to.....feet

Date started..... *2-24* 19*98*
Date completed..... *3-23* 19*98*

7. WELL TEST DATA

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

9. WATER LEVEL
Static water level.....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..... *AAA Dg* Contractor
Address..... *Box 2487* Contractor
CO/KC NV 89561
Nevada contractor's license number *20684*
issued by the State Contractor's Board
Nevada driller's license number issued by the *1799*
Division of Water Resources, the on-site driller
Signed..... *Owen Yarnall*
By driller performing actual drilling on site or contractor
Date..... *4-26-98*