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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. 37207

1. OWNER SEVERO Maria ADDRESS AT WELL LOCATION Lot - 8 - Block 27
 MAILING ADDRESS 163 Box 14 Elko NV 89801
 2. LOCATION NE 1/4 SW 1/4 Sec. 3 T. 35 R. 56 E. Elko County
 PERMIT NO. _____
 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
TOP soil		0	2	2
Caliche		2	4	2
Sand Clay		4	72	68
Cemented Gravel		72	117	45
Sand (Gravel)		132	140	8

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 140 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</u>		<u>188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Face Slot
 Size perforation 1/2 x 6
 From 115 feet to 135 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 50 feet to 140 feet

9. WATER LEVEL
 Static water level 18 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 Rockwell Drilling Contractor
 Address P.O. Box 6000 Contractor
Elko NV 89802
 Nevada contractor's license number issued by the State Contractor's Board 0030630
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438
 Signed Alan Bennett
 By driller performing actual drilling on site or contractor
 Date SEPT 4 - 98

Date started SEPT 2, 1998
 Date completed SEPT 4, 1998

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>20</u>	<u>66</u>	<u>2</u>

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