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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. 28109

1. OWNER MILT FREEBERG / CLIFFORD BURNS ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5620 Eagle ST _____
Winn, NV 89445 _____
2. LOCATION SW 1/4, 136 1/4 Sec 7 T. 34 S. R. 38 E. Pershing County _____
PERMIT NO. DOMESTIC Parcel No. 09-432-06 Subdivision Name BURNS Acres

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
Clay		0	10	
SAND Gravel Clay		10	90	
clay		90	100	
SAND Gravel	X	100	105	
Clay		105	120	
SAND Gravel	X	120	132	
clay		132	134	

8. WELL CONSTRUCTION
Depth Drilled 134 Feet Depth Cased 134 Feet
HOLE DIAMETER (BIT SIZE)
From 10.625 Inches To 0 Feet 134 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>12</u>	<u>1.88</u>	<u>+1</u>	<u>134</u>

Perforations:
Type perforation Factory Cuts
Size perforation 3/32
From 104 feet to 134 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 134 feet

9. WATER LEVEL
Static water level 63 feet below land surface
Artesian flow NO G.P.M. _____ P.S.I. _____
Water temperature COOL °F Quality Good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name FRED ANDERSON Contractor
Address 10760 Grass Valley Rd Contractor
Winn, NV 89445
Nevada contractor's license number issued by the State Contractor's Board 024167
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 01375
Signed FP by driller performing actual drilling on site or contractor
Date 5-18-95

Date started 5-16 1995
Date completed 5-18 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>?</u>	<u>2</u>

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