

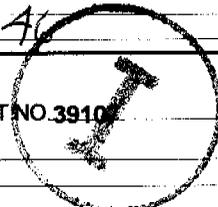
STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
WELL DRILLER'S REPORT

OFFICE USE ONLY  
Log No. 74655  
Permit No. 41  
Basin

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO 3910



1. OWNER **SUSAN TELLER**  
MAILING ADDRESS **HC 30 - BOX B 13, LEE**  
**SPRING CREEK, NV 89815**

ADDRESS AT WELL LOCATION \_\_\_\_\_

2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **19** T **31**  
PERMIT NO. \_\_\_\_\_ NONE Parcel No. \_\_\_\_\_

**N/S R 57** **E ELKO** County  
**TEMOAK INDIAN RESERVATION** 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
COBBLED MIX CLAY		0	14	14
LOOSE COBBLES		14	17	3
HARD ROCK		17	56	39
CLAY		56	60	4
LOOSE COBBLES	X	60	64	4
CLAY MIX DECOMPOSED		64	84	20
GRANITE & LOOSE COBBLES	X	84	87	3
CLAY		87	130	43
SOFT SANDSTONE		130	148	18
CLAY		148	160	12

8. WELL CONSTRUCTION

Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<b>11</b>	<b>0</b>	<b>160</b>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>188</b>	<b>+2</b>	<b>160</b>

Perforations:  
Type perforation **MILL SLOT**  
Size perforation **3/32" X 3"**

From **128** feet to **160** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal **56**  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From **56** feet to **160** feet

9. WATER LEVEL  
Static water level **14** 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 Company** Contractor  
Address **P.O. BOX 525** Contractor  
**ELKO, NV 89803**  
Nevada contractor's license number issued by the State Contractor's Board **0031904**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1584**  
Signed *Shane Fertig*  
By driller performing actual drilling on-site or contractor  
Date **1-5-99**

Date started **11/13/98**, 19\_\_\_\_  
Date completed **12/8/98**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<b>8</b>		<b>110</b>

RECEIVED  
99 JAN -8 AM 10:11  
STATE ENGINEERS OFFICE