

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

OFFICE USE ONLY
 Log No. 74688
 Permit No. _____
 Basin 45

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. 36629

OWNER **FRED PETERSON**
 MAILING ADDRESS **169-13 PLEASANT VALLEY**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION
PLEASANT VALLEY, BLOCK B, LOT 3



2. LOCATION **SE 1/4 NE 1/4 Sec. 26 T 33**
 PERMIT NO. **023-028-003**
 Issued by Water Resources Parcel No.

N/S R 57 E ELKO County
 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 *mud*

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY BOULDERS MIX		0	13	13
BOULDERS & SAND		13	26	13
DECOMPOSED GRANITE		26	84	58
BROWN CLAY		84	97	13
BROWN SANDSTONE		97	106	9
SOFT SANDSTONE	X	106	118	12
BROWN CLAY		118	155	37
LOOSE SAND & GRAVEL	X	155	172	17

8. WELL CONSTRUCTION
 Depth Drilled **172** Feet Depth Cased **172** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
11 Inches **0** Feet **172** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	188	+2	172

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/16" X 3"**
 From **152** feet to **172** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **53** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **53** feet to **172** feet

Date started **3/3/99**, 19____
 Date completed **3/8/99**, 19____

9. WATER LEVEL
 Static water level **98** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality _____

7. WELL TEST DATA

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)	
<i>Apokk</i> 45		16.5	

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 *Shovel Fertig*
 By driller performing actual drilling on-site or contractor
 Date **3-11-99**