

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

OFFICE USE ONLY
 Log No. 77140
 Permit No. 49
 Basin ELKO
 NOTICE OF INTENT NO. 36632

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

1. OWNER **DEW INC**
 MAILING ADDRESS **P.O. BOX 35**
ELKO, NV 80893

ADDRESS AT WELL LOCATION
TAFT AVE, *ELKO*

2. LOCATION **SW 1/4 SW 1/4 Sec. 36 T 36N N/S R 56E E ELKO** County
 PERMIT NO. **00633H0CJ** RYNDON
 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
BLOW SAND		0	3	3
SOFT SANDSTONE		3	26	23
CLAY		26	89	63
LT BROWN SANDSTONE		89	164	75
BROWN CLAY		164	181	17
LOOSE SAND & GRAVEL	X	181	212	31

8. WELL CONSTRUCTION
 Depth Drilled **212** Feet Depth Cased **212** Feet

HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **212** 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	1.5	212

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/16" X 3"**

From **190** feet to **212** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **51** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **51** feet to **212** feet

9. WATER LEVEL
 Static water level **102** 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 *Shoale Fertig*
 By driller performing actual drilling on-site or contractor
 Date **5-18-99**

Date started **5/11/99**, 19____
 Date completed **5/12/99**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
42		3.5	