

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

OFFICE USE ONLY
 Log No. 77141
 Permit No. 49
 Basin ELKO

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. 36634

1. OWNER **DEW INC**
 MAILING ADDRESS **P.O. BOX 35**
ELKO, NV 89803

ADDRESS AT WELL LOCATION
TAFT AVE - RYNDON *ELKO*

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **36** T **36N** N/S R **56E** E **ELKO** County
 PERMIT NO. **00633HOCL** 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	Thick-ness
BLOW SAND		0	8	8
BROWN SOFT SANDSTONE		8	58	50
BROWN CLAY		58	89	31
LIGHT BROWN SANDSTONE		89	168	79
CLAY		168	179	11
LOOSE SANDSTONE & GRAVEL	X	179	210	31

8. WELL CONSTRUCTION

Depth Drilled **210** Feet Depth Cased **210** Feet

HOLE DIAMETER (BIT SIZE)
 From To
11 Inches **0** Feet **210** 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	210

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

From **180** feet to **200** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **54'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **54** feet to **210** feet

Date started **5/7/99**, 19____
 Date completed **5/10/99**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	40		3 HR

9. WATER LEVEL

Static water level **100** 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 *Shovel Fertig*
 By driller performing actual drilling on-site or contractor
 Date **5-18-99**