

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

OFFICE USE ONLY  
 Log No. 82609  
 Permit No. \_\_\_\_\_  
 Basin 34

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. **44716**

1. OWNER **MIKE PAGE**  
 MAILING ADDRESS **HC 66 1-4**  
**BEOVAWE, NV 89821**

ADDRESS AT WELL LOCATION **HORSESHOE Circle**  
**Beowawe**

2. LOCATION **SW 1/4 NW 1/4 Sec. 13 T 31N**  
 PERMIT NO. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_  
**03-442-01** Parcel No.

N/S R **49E** E **EUREKA** County  
**PIONEER PASS** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Domestic  
 Deepen  Abandon  Other  Municipal/Industrial

4. PROPOSED USE  
 Irrigation  Test  Cable  
 Monitor  Stock  Air

5. WELL TYPE  
 Rotary RVC  
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	3	3
SANDY CLAY		3	25	22
SAND & GRAVEL		25	53	28
MED - COARSE GRAVEL	X	53	100	47

8. WELL CONSTRUCTION  
 Depth Drilled **100** Feet Depth Cased **100** Feet  
 HOLE DIAMETER (BIT SIZE)  
**10 5/8** Inches From **0** Feet To **100** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13</b>	<b>.188</b>	<b>+1</b>	<b>100</b>

Perforations:  
 Type perforation **MILLSLOT**  
 Size perforation **3/16 X 3**  
 From **80** feet to **100** feet

Surface Seal:  Yes  No  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **100** feet

9. WATER LEVEL  
 Static water level **43** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature **C** °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 Hzckworth Drilling, Inc Contractor  
 Address **P.O. BOX 850** Contractor

Date started **11/16/2000**, 19\_\_\_\_  
 Date completed **11/17/2000**, 19\_\_\_\_

7. WELL TEST DATA  
 TEST METHOD:  Bailer  Pump  Air Lift  
 G.P.M. **15** Draw Down (Feet Below Static) **2** Time (Hours)

**ELKO, NV 89803**  
 Nevada contractor's license number issued by the State Contractor's Board **020582**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1654**  
 Signed [Signature] By driller performing actual drilling on-site or contractor  
 Date **11/21/2000**