

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

OFFICE USE ONLY
 Log No. 94481
 Permit No. _____
 Basin 179

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. 34271

1. OWNER DEAN NEUBAUER ADDRESS AT WELL LOCATION 570 NORTH EGAN WAY
 MAILING ADDRESS P.O. BOX 151645
ELY, NV 89315

2. LOCATION NE 1/4 SE 1/4 Sec. 21 T 16 N/S R 63E E WHITE PINE County
 PERMIT NO. _____ Issued by Water Resources 010-750-15 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
COBBLED GRAVEL		0	21	21
HARD CALICHE CLAY		21	142	121
SOFT CLAY		142	147	5
HARD CALICHE CLAY		147	172	25
SOFT BROWN CLAY		172	220	48
HARD CALICHE CLAY		220	260	40
HARD CLAY		260	322	62
SOFT CLAY		322	339	17
HARD BROKEN ROCK	X	339	346	7
SOFT CLAY		346	364	18
HARD FRACTURED ROCK	X	364	389	25
SOFT CLAY		389	393	4
HARD ROCK		393	400	7

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8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 400 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+1	19
6	SDR 17		19	400

Perforations:
 Type perforation MILL SLOT
 Size perforation .050
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 400 feet
 Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
Ben on site Grout

9. WATER LEVEL
 Static water level 280 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 SHAREL C. FERTIG SR., DBA FERTIG DRILLING CO.
 Contractor

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			
APPROX	40		4 hrs

Address P.O. BOX 525 Contractor
ELKO, NEVADA 89803
 Nevada contractor's license number issued by the State Contractor's Board 031904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed Sharel Fertig
 By driller performing actual drilling on-site of contractor
 Date 9/29/2004