



Log No. 99110  
 Permit No. \_\_\_\_\_  
 Basin 053

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 28678

1. OWNER Teck Cominco American Inc ADDRESS AT WELL LOCATION Approx 40 mi. North West of Eureka Nevada  
 MAILING ADDRESS 15918 E Euclid Ave. Spokane Wa. 99216

2. LOCATION NW 1/4 SE 1/4 Sec 31 T. 27 N. R. 49 E Eureka County  
 PERMIT NO. \_\_\_\_\_ 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
<u>Ran tremie to Bottom of Well and Filled it To Surface with Neat Cement</u>				
<u>Hand Held GPS</u>				
<u>N 40° 10.675'</u>				
<u>W 716° 29.421'</u>				
<u>BMW 43</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>	<u>PVC</u>	<u>SCH 40</u>	<u>+1.5</u>	<u>100</u>

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °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 Layne Christensen Company Contractor  
 Address 4490 West 1707 South Salt Lake City Utah 84104 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 0019101  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1970  
 Signed Skylara S. Franklin  
 By driller performing actual drilling on site or contractor  
 Date Nov. 16, 2005

Date started 10-23, 2005  
 Date completed 10-23, 2005

7. WELL TEST DATA

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