

DIVISION OF WATER RESOURCES

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 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

OFFICE USE ONLY
 Log No. 100580
 Permit No. _____
 Basin. 137B

NOTICE OF INTENT NO. 55195

1. OWNER R M G C. ADDRESS AT WELL LOCATION R M G C.
 MAILING ADDRESS P.O. Box 480 ROUND MTN. NV.
ROUND MTN. NV. 89045
 2. LOCATION SW 1/4 NW 1/4 Sec. 29 T. 10 S R. 44 E NVE 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>DRILLED 4" PVC.</u>				
<u>cut with 7 1/8" STEEL</u>				
<u>TOOTH TRICORP TO</u>				
<u>200'</u>				
<u>(8) SUPER PLUG</u>		<u>200'</u>	<u>140'</u>	<u>60'</u>
<u>50th. 2 1/2 in.</u>				
<u>(18) 3/8" HOLE PLUG</u>		<u>140'</u>	<u>150'</u>	<u>90'</u>
<u>50th. 2 1/2 in.</u>				
<u>(10) NEVADA CEMENT</u>		<u>50</u>	<u>0</u>	<u>30'</u>
<u>94th. sec.</u>				

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 200 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)

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 5-31-05, 20 _____
 Date completed 5-31-05, 20 _____

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 type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level Druff 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 ELKO DRILLING Contractor
 Address P.O. Box 2748 Contractor
ELKO NV. 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1698
 Signed Gary Jaye Vurst
 By driller performing actual drilling on site or contractor
 Date 7-11-05

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 STATE ENGINEER'S OFFICE