



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

OFFICE USE ONLY
Log No. 10266
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. 58924

1. OWNER Visilio Casarez
MAILING ADDRESS 4649 Winfield Dr
NW Ely, NV 89301

ADDRESS AT WELL LOCATION 3055 North East St
Cross Timbers
Subdivision Name: _____ County: White Pine

2. LOCATION D34 1/4 Sec 14 T 17N N/S/R 63 E
PERMIT/WAIVER No. NW 005 581 09
Issued by Water Resources Parcel No. _____

Latitude 39.34369N UTM E NAD 27
Longitude 114.86034W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay		0	8	8
Cemented Gravel		8	41	33
Clay		41	45	4
Cemented Gravel		45	59	14
Clay		59	64	5
Sand & Gravel	X	64	67	3
Clay		67	81	14
Cemented Gravel		81	108	27
Clay		108	174	66
Cemented Gravel		174	192	18
Sand & Gravel	X	192	220	28

9. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 220 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>220</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>12.92</u>	<u>188</u>	<u>+1</u>	<u>19</u>
<u>6</u>		<u>SDR-17</u>	<u>19</u>	<u>220</u>

Perforations:

Type of perforation Screen
Size of perforation 0.032

From 200 feet to 220 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u> to <u>19</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	<u>19</u> to <u>53</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Gravel Pack: Yes No 53 to 220 Pumped Poured
Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 19-Nov , 20 06
Date completed: 23-Nov , 20 06

7. Water Level
Static water level: 64 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>APPROX</u>	<u>40</u>		<u>18.5</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 COMPANY
Contractor

Address P.O. BOX 525
Contractor

ELKO, NV 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 1584

Signed Sharel Fertig
By driller performing actual drilling on site or contractor

Date 12-6-06

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