

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

OFFICE USE ONLY

Log No. 105893
Permit No. _____
Basin 045

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 59466

1. OWNER Hank Samper ADDRESS AND WELL LOCATION 1296 Sunset Lane
MAILING ADDRESS P.O. Box 281268 Lamoille, Nv 89828 Lamoille, NV 89828
NW NE Subdivision Elko
2. LOCATION NE NW 24 33N 57 40.73549N AD 83
PERMIT NUMBER 006-52B-018 115.49513W AD 83

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

4. PROPOSED USE Domestic Irrigation Test Monitor Stock

5. WELL TYPE Cable Rotary RVC Air Other Mud

6. LITHOLOGIC LOG

Material	Depth State	From	To	Thick-ness
Cobble Boulder		0	28	28
Clay		28	36	8
Sand & Gravel		36	53	17
Clay		53	61	8
Gravel		61	70	9
Clay		70	84	14
Decomposed Granite		84	87	3
Clay		87	90	3
Soft Sandstone		90	102	12
Clay		102	112	10
Rock	X	112	114	2
Clay		114	159	45
Sandstone		159	180 165	21 26

N 40.735581
W 115.495229 NAD 83

9. PERFORATION SECTION

Depth Drilled 185 Feet Depth Cased 185 Feet

From	To	Feet	Feet
<u>105/8</u> Inches	<u>0</u> Feet	<u>185</u> Feet	<u>185</u> Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

10. CEMENT GROUT

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>+2</u>	<u>19</u>
<u>6</u>		<u>SDR-17</u>	<u>19</u>	<u>185</u>

Perforations:

Type of perforation Screen

Size of perforation 0.032

From 165 feet to 185 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout 0 to 20 Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 54 to 185 Pumped Poured

Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No 20 to 54 Pumped Poured

Type: 3/8 kaw plug

7. Water Level

Static water level 98 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: cold °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
APPROX	<u>25</u>		<u>72</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 _____ 031904

Nevada driller's license number issued by the _____
Division of Water Resources, the _____ 1584

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

7-19-07