

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

OFFICE USE ONLY
 Log No. 37536
 Permit No. _____
 Basin 4-48

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. _____

1. OWNER Tina Olds ADDRESS AT WELL LOCATION Spring Creek Lot #20
 MAILING ADDRESS P.O. Box 2792
Elko, Nev 89801
 2. LOCATION SW 1/4 SW 1/4 Sec. 14 T. 33 N. R. 56 E County Elko
 PERMIT NO. 06-30C 200 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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
Top Soil		0	2	
con gravel		2	7	
tan clay		7	25	
con gravel		25	50	
White clay		50	60	
brown sandstone		60	80	
gray sandstone		80	100	
all layers quartzite		100	170	
sands con & broken				

'92 SEP 29 AIO 44
 STATE ENGINEERS OF

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 170 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 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>172 1/2</u>

Perforations:
 Type perforation flute downhole
 Size perforation _____
 From 150 feet to 170 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 51' Neat Cement
 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 170 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started Sept 2 1992
 Date completed Sept 9 1992

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	<u>157</u>		<u>2</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name R. D. Reynolds Contractor
 Address P.O. Box 402
Wells, Nev 89835
 Nevada contractor's license number 014410
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1586
 Division of Water Resources, the on site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/10/92