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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. 19522

1. OWNERRIO KING RANCH COMPANY ADDRESS AT WELL LOCATION
MAILING ADDRESS P.O. BOX 122 KINGS RIVER VALLEY, KINGS RIVER, NV
OROVADA, NV 89425-KINGS RIVER VALLEY, KINGS RIVER, NV

2. LOCATION NW 1/4 NW 1/4 Sec. 1 T. 45 N. N/S R. 33 E HUMBOLDT County
PERMIT NO. NONE NONE
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon TEST WELL Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
top soil light brn		0	7	7
course sand		7	9	2
course sand		9	21	12
brown clay		21	40	19
sand and gravel		40	50	10
conglomerate-pea size		50		
gravel		50	70	20
sand & sandy clay		70	73	3
course sand		73	76	3
brn clay		76	83	7
sand and gravel		83	95	12
med brn sandy clay		95	113	18
sand & sandy clay		113	128	15
clay		128	139	11
sand & clay		139	145	6
sand & gravel med to crs		145	190	45
brown clay		190	193	3
med.to crs sand & gravel		193	218	25
brn sandy clay		218	220	2
course sand		220	222	2
sandy clay		222	225	3
med.to crs sand		225	243	18
sandy clay		243	248	5
med.to crs sand		248	253	5
sandy clay		253	254	1
sand and gravel		254	304	50
med brn sandy clay		304	306	2
sand med to course		306	313	7
brn sandy clay		313	314	1

8. WELL CONSTRUCTION
Depth Drilled 460 Feet Depth Cased 0 Feet
HOLE DIAMETER (BIT SIZE)
From To
9 7/8 Inches 0 Feet 460 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
NONE				

Perforations:
Type perforation NONE
Size perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: Yes No Seal Type:
Depth of Seal: _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From feet to feet

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name PETE COPE DRILLING CO., INC Contractor
Address 6505 W. CHINDEN Contractor
MERIDIAN, IDAHO 83642

Nevada contractor's license number issued by the State Contractor's Board 13443
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1484
Signed *Joseph* By driller performing actual drilling on site or contractor
Date 10-28-93

Date started 9-27 1993
Date completed 9-30 1993

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			
NONE			

