

PRINT OR TYPE ONLY
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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. 19212

1. OWNER Alfredo Puentes ADDRESS AT WELL LOCATION North Corner of TART & Fifth St
MAILING ADDRESS 964 SO FIFTH ST
Elko NV 89803

2. LOCATION SW 1/4 SW 1/4 Sec 36 T 36 N 56 E Elko County
PERMIT NO. 06-33H-A Parcel No. _____ Subdivision Name Ryndon
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
Loam		0	3	3
SAND STONE		3	11	8
CLAY		11	54	43
HARD PAN		54	58	4
CLAY		58	164	106
LOOSE LIMESTONE		164	169	5
CLAY		169	189	20
SAND & GRAVEL	X	189	210	21

8. WELL CONSTRUCTION
Depth Drilled 210 Feet Depth Cased 210 Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 Inches 0 Feet 210 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 3/8</u>	<u>1292</u>	<u>158</u>	<u>+2</u>	<u>210</u>

Perforations:
Type perforation slots
Size perforation 3/4 x 30
From 190 feet to 210 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 62 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 62 feet to 210 feet

9. WATER LEVEL
Static water level 52 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature Cold °F Quality Good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Fertig Drilling Co Contractor
Address P.O. Box 525 Contractor
Elko NV 89803
Nevada contractor's license number issued by the State Contractor's Board 31904
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
Signed Shaul Fertig
By driller performing actual drilling on site or contractor
Date 10-18-93

Date started 10-17, 1993
Date completed 10-18, 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>36</u>		<u>3.5</u>

OCT 26 AM 11:06
STATE ENGINEERS OFFICE