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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. 36568

1. OWNER Bill Cowling ADDRESS AT WELL LOCATION 9 miles South west of Montello NV Lot #240  
 MAILING ADDRESS P.O. Box 43 Montello NV 89830  
 2. LOCATION SW 1/4 SW 1/4 Sec. 33 T. 39 N. S. R. 68 E. E. 1/4 County Elko  
 PERMIT NO. \_\_\_\_\_ Parcel No. \_\_\_\_\_ Subdivision Name Sunland Acres unit #3  
 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
<u>TOP soil</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>gravel clay</u>		<u>2</u>	<u>53</u>	<u>51</u>
<u>gravel</u>		<u>53</u>	<u>97</u>	<u>44</u>
<u>Rock</u>		<u>97</u>	<u>452</u>	<u>355</u>
<u>Fractured Rock</u>	<u>X</u>	<u>452</u>	<u>470</u>	<u>18</u>

8. WELL CONSTRUCTION  
 Depth Drilled 470 Feet Depth Cased 470 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
10 Inches 0 Feet 470 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>188</u>	<u>0</u>	<u>470</u>

Perforations:  
 Type perforation Free  
 Size perforation \_\_\_\_\_  
 From 445 feet to 465 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 470 feet

9. WATER LEVEL  
 Static water level: 120 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started OCT 14 1997  
 Date completed OCT 17 1997

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>15</u>	<u>0</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 Steve Will Service Contractor  
 Address P.O. Box 10 Elko NV Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 0038169  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438  
 Signed Shane Bennett  
 By driller performing actual drilling on site or contractor  
 Date OCT - 20 - 97