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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. 35960

1. OWNER Chuck Armuth ADDRESS AT WELL LOCATION Lot 7-D  
MAILING ADDRESS 1262 Hannah Dr. Elko NV 89801  
2. LOCATION NW 1/4 NW 1/4 Sec 25 T 34 N/S R 55 @ Elko County  
PERMIT NO. 006-09A-020 Elko Summit Estates Subdivision Name

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>Loam</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>White SANDSTONE</u>		<u>4</u>	<u>172</u>	<u>168</u>
<u>BROWN SANDSTONE</u>		<u>172</u>	<u>181</u>	<u>9</u>
<u>White SANDSTONE</u>		<u>181</u>	<u>214</u>	<u>33</u>
<u>White CLAY</u>		<u>214</u>	<u>224</u>	<u>10</u>
<u>Soft White SANDSTONE</u>	<u>A</u>	<u>224</u>	<u>250</u>	<u>26</u>

8. WELL CONSTRUCTION  
Depth Drilled 250 Feet Depth Cased 250 Feet  
HOLE DIAMETER (BIT SIZE)  
From 10 5/8 Inches To 0 Feet 250 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>12.92</u>	<u>1.88</u>	<u>72</u>	<u>250</u>

Perforations:  
Type perforation Mill slots  
Size perforation 3/16 x 3"  
From 230 feet to 250 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 54  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From 54 feet to 250 feet

9. WATER LEVEL  
Static water level 70' feet below land surface  
Artesian flow..... G.P.M. P.S.I.  
Water temperature Cold °F Quality.....

Date started 2-13 1998  
Date completed 2-16 1998

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Apex</u>	<u>10</u>		<u>4.5</u>

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 0031704  
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 2-17-98