WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 73798
Permit No. 52344
Basin 37

NOTICE OF INTENT NO. 39110

1. OWNER BUREAU OF LAND MANAGEMENT
MAILING ADDRESS 3900 EAST IDAHO STREET
ELKO, NV 89801

ADDRESS AT WELL LOCATION
WILDHORSE CAMP GROUND WELL #1

2. LOCATION NW/SW 1/4 SE 1/4 Sec. 19 T 44 N/S R 55 E ELKO County
PERMIT NO. 52344 Issued by Water Resources | Parcel No. | 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	Thickness
REMOVE CASING, PLACE TRIMIE PIPE AT 63' AND PUMP NEAT CEMENT BACK TO 2' BELOW GROUND LEVEL.				

RECEIVED 98 DEC 17 AM 9:56 STATE ENGINEERS OFFICE

Date started 11/12/98 , 19__
Date completed 11/13/98 , 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased 70 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	17.02	250	+1	70

Perforations:
Type perforation MILL SLOT
Size perforation 1/8" X 3
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 70'
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

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

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 Company (Contractor)
Address P.O. BOX 525 (Contractor)
ELKO, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 0031904

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584

Signed [signature] (By driller performing actual drilling on-site or contractor)
Date 12-12-98