

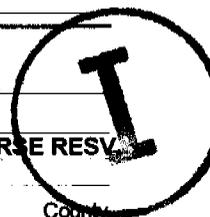
STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT

OFFICE USE ONLY  
 Log No. 73800  
 Permit No. 52343  
 Basin 317

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 39105



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

ADDRESS AT WELL LOCATION  
**WILDHORSE CAMP GROUND NORTH OF WILDHORSE RESV**

2. LOCATION **NW 1/4 SE 1/4 Sec. 19 T 44 N/S R 55 E ELKO** County  
 PERMIT NO. **52343** NONE  
 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
TOP SOIL LOAM		0	3	3
BROKEN RHYOLITE		3	14	11
SOLID RHYOLITE		14	70	56
FRACTURED RHYOLITE	X	70	72	2
SOLID RHYOLITE		72	87	15
FRACTURED RHYOLITE	X	87	100	13

Replacement well for  
 Wildhorse well #2 (1/24/98)

8. WELL CONSTRUCTION  
 Depth Drilled **100** Feet Depth Cased **100** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**12 1/4** Inches **0** Feet **100** 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	+2	80
6 5/8	STEEL	250	80	100

Perforations:  
 Type perforation **STAINLESS STEEL SCREEN**  
 Size perforation **.50**  
 From **80** feet to **100** 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 **51**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From **50** feet to **100** feet

Date started **10/22/98**, 19  
 Date completed **11/12/98**, 19

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			
	<b>8</b>	<b>90'</b>	<b>100</b>

9. WATER LEVEL  
 Static water level **34** feet below land surface  
 Artesian flow G.P.M. P.S.I.  
 Water temperature **COLD** °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 *Shovel e Fertig*  
 By driller performing actual drilling on-site or contractor  
 Date **12-12-98**

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 98 DEC 17 AM 9:56  
 STATE ENGINEERS OFFICE