

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

OFFICE USE ONLY  
 Log No. 79517  
 Permit No. \_\_\_\_\_  
 Basin 48

NOTICE OF INTENT NO. 35621

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

1. OWNER **EARL MORRIS** ADDRESS AT WELL LOCATION **WEST BULLION ROAD, LOT 13, BLOCK 132 STREET**  
 MAILING ADDRESS **403 WEST BULLION ROAD** ELKO, NV 89801

2. LOCATION **NE 1/4 NE 1/4 Sec. 31 T 33 N/S R 55 E ELKO** County  
 PERMIT NO. **064001003** MVR#9

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
LOAM		0	4	4
CLAY		4	15	11
SAND LOAM		15	19	4
CLAY		19	65	46
SAND AND GRAVEL	X	65	73	8
CLAY		73	110	37
SHALE		110	130	20
SAND & GRAVEL	X	130	134	4
SANDSTONE		134	150	16

8. WELL CONSTRUCTION

Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **0** Feet **150** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>188</b>	<b>+2</b>	<b>150</b>

Perforations:  
 Type perforation **MILL SLOT**  
 Size perforation **3/16" X 3"**

From **129** feet to **150** 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 **150** feet

9. WATER LEVEL  
 Static water level **35** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COLD** °F Quality \_\_\_\_\_

Date started **3/22/00**, 19\_\_\_\_  
 Date completed **3/24/00**, 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 checked="" type="checkbox"/> Air Lift	<b>60</b>		<b>4.5</b>

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 *Charles Fertig*  
 By driller performing actual drilling on-site or contractor  
 Date **4-10-2000**