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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 36970

1. OWNER MARIO CORTEZ ADDRESS AT WELL LOCATION None
 MAILING ADDRESS WPK
 2. LOCATION NW 1/4 NW 1/4 Sec. 7 T. 34 N. 56 E. ELKO County
 PERMIT NO. N/A Parcel No. Lot 11, Bk B, Unit 3 Last Chance Ranch 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
Clay & gravel		0	32	32
Light gray clay		32	60	28
Gravel & clay	soep	60	62	2
Shale (soft, blue gray)		62	221	159
Soft, black sandstone		221	245	24
Gray shale		245	251	
T.D. 251				

8. WELL CONSTRUCTION
 Depth Drilled 251 Feet Depth Cased 252 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
1.0 Inches 0 Feet 5.0 Feet
8 Inches 5.0 Feet 25.1 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	12.92	.188	+1.2	251

Perforations:
 Type perforation Test TAPER CUT
 Size perforation 1/4" x 5" x 2/8"
 From 2.09 feet to 2.51 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 251 feet

9. WATER LEVEL
 Static water level 62 feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I. _____
 Water temperature cold °F Quality Fair

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name James V. Muth Contractor
 Address 203 PINE ST. ELKO, NV 89801 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 632
 Signed James V. Muth By driller performing actual drilling on site or contractor
 Date 04/01/00

Date started 04/03/00, 19____
 Date completed 04/26/00, 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 type="checkbox"/> Air Lift	<u>20</u>	<u>40</u>	<u>2 hrs.</u>