

WELL DRILLER'S REPORT

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

Log No. 88690
Permit No. 049
Basin

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 51126

1. OWNER Dale Johnson ADDRESS AT WELL LOCATION 1 mi. NW of Elko Nevada
MAILING ADDRESS Box 2748 Elko Nev 89803
2. LOCATION NW 1/4 SE 1/4 Sec. 8 T. 34 S. R. 55 E Elko County
PERMIT NO. 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	Thick-ness
<u>Brown Clay Sand & Gravel</u>		<u>0</u>	<u>300</u>	<u>300</u>
<u>Grey Volcanic Clay with Gravel stringers</u>		<u>300</u>	<u>600</u>	<u>300</u>
<u>Aprax 30 GPM At 594'</u>				
<u>Coming in Bottom of Casing through Bottom of Casing</u>				
<u>16-94" Bags Cement</u>				

8. WELL CONSTRUCTION
Depth Drilled 600 Feet Depth Cased 594 Feet
HOLE DIAMETER (BIT SIZE)
From 10 1/2 Inches To 60 Feet
6 1/2 Inches 60 Feet 600 Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1/4 wall steel</u>	<u>+1'</u>	<u>594'</u>

Perforations:
Type perforation None
Size perforation
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 5'-60' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level N/A feet below land surface
Artesian flow N/A 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 Eklund Drilling Co Inc Contractor
Address P.O. Box 2748 Elko, Nevada 89803 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0030823
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879
Signed Bruce Clapp
By driller performing actual drilling on site or contractor
Date 1-13-03

Date started 10, 2003
Date completed 13, 2003

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			

RECEIVED
JAN 6 AM 11:15
STATE ENGINEERS OFFICE