

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 55826

1. OWNER Ray Moses ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ (Cherry Creek)

2. LOCATION SW 1/4 SE 1/4 Sec 30 T 21 N/S R 64 E White Pine 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
Artesian Well Depth - 240'				
Screen 200-50				
Open Hole 200-240				
Abandoned Grout 12.1 ft				
(Went Cement Plug at 20)		240-50		
(Note: Next cement recorded 3/8 gravel to surface)		50 Surface		
(Casing could not be pulled)				

8. WELL CONSTRUCTION
 Depth Drilled NA Feet Depth Cased _____ 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)
11.5	3/8	0-2		
11.0	2	2-48		

Perforations:
 Type perforation Holt Perfor
 Size perforation 3/16 x 2 x 2 x 4 now per
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7/7/06 20
 Date completed 7/8/06 20

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>NA</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Samuel Dineen Contractor
 Address 3020 Paer 588 Contractor
28. WJ general
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed _____
 By Driller performing actual drilling on site or contractor
 Date 7/10/06