

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 11791

PRINT OR TYPE ONLY

1. OWNER Cecil Weaver ADDRESS AT WELL LOCATION _____
MAILING ADDRESS SR. 1 Box 6 Ely NV. 89301 Parcel No. 133 Cross Timbers Land Co.

2. LOCATION SE 1/4 NW 1/4 Sec. 22 T. 17 N/S R. 63 E White Pine County

PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
New Well Recondition
Deepen Other

4. PROPOSED USE
Domestic Irrigation
Municipal Industrial

5. TYPE WELL
Cable Rotary
Other Stock Test

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	3 1/2	
gravel conglomerate		3 1/2	14	
gravel clay con.		14	35	
clay con.		35	39	
Cemented gravel		39	57	
gravel clay con.		57	62	
gravel		62	63	
Sandy clay		63	70	
gravel		70	71	
Sandy clay		71	82	
gravel	water	82	82 1/2	
Sandy clay		82 1/2	97	
gravel	water	97	98	
Sandy clay		98	105	
gravel	water	105	106	
Sandy clay		106	113	
gravel	water	113	123	
clay		123	126	
gravel	water	126	129	
clay		129	132	
gravel	water	132	136	
clay		136	138	
gravel	water	138	139	
clay con.		139	147	
gravel	water	147	148	
clay con.		148	153	

8. WELL CONSTRUCTION

Diameter _____ inches Total depth 153 feet

Casing record _____ inches

Weight per foot 12 Thickness 3/16

Diameter	From	To
<u>6 3/8</u> inches	<u>0</u> feet	<u>153</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Concrete grout

Depth of seal 3 to 50 feet

Gravel packed: Yes No

Gravel packed from 50 feet to 153 feet

Perforations:
Type perforation mill
Size perforation 1/8 x 2" x 6 row

From 93 feet to 113 feet
From 132 feet to 153 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Date started Feb 26 1990
Date completed March 2 1990

9. WATER LEVEL
Static water level 75' feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature 60 °F Quality good

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Nathan R Maynard Contractor
Address P. Box 176 Lund NV. 89317 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0022869
Nevada contractor's driller's number issued by the Division of Water Resources 1538
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
Signed Nathan Maynard By driller performing actual drilling on site or contractor
Date March 5 1990

BAILER TEST
G.P.M. 40 Draw down 10 feet 1 hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours