

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

OFFICE USE ONLY
Log No. 78315
Permit No. 79
Basin 79
NOTICE OF INTENT NO. 30817

1. OWNER Robert & Pat Chapman ADDRESS AT WELL LOCATION Lot 2 Gates of Hercules
MAILING ADDRESS 333 N. 15th Las Vegas NV 89101 1405 W. 35th
2. LOCATION NW 1/4 NW 8 T. 17 N/S R. 63 E. White Pine County White Pine
PERMIT NO. N/A Issued by Water Resources 005-620-06 Parcel No. Gates of Hercules lot #2 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	
Cemented gravel cobbles		1	10	
Cobbles		10	12	
Cemented gravel cobbles		12	32	
Clay		32	35	
gravel cobbles Clay con	water	35	44	water
Clay		44	47	
Cemented gravel	water	47	55	water
Clay		55	57	
gravel	water	57	61	water
Clay		61	69	
Cemented gravel	water	69	73	
Clay		73	75	
gravel	water	75	81	
Clay		81	89	
gravel con.		89	91	
Clay Conglomerate		91	105	
gravel con	water	105	119	
Clay		119	124	

8. WELL CONSTRUCTION
Depth Drilled 124 Feet Depth Cased 124 Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 Inches	0 Feet 50 Feet
8 Inches	50 Feet 124 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	12.9	.188	1	124

Perforations:
Type perforation mill
Size perforation 4 x 2.5" x 6 row

From 13 feet to 84 feet
From 104 feet to 124 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 124 feet

9. WATER LEVEL
Static water level 37 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature Cold °F Quality good

Date started Sept 21, 1999
Date completed Oct 5, 1999

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>40</u>	<u>18</u>	<u>1 hr</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Oscar R. Maynard Contractor
Address P.O. Box 64 Lund NV 89317 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0047224
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556

Signed Oscar Maynard
By driller performing actual drilling on site or contractor
Date Oct 19-99