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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. **33511**

1. OWNER **LEON H. & KATHERINE K. WHITE** ADDRESS AT WELL LOCATION **EAGLE RD. & B STREET LOT 18**
 MAILING ADDRESS **29 CHASE AVE. CHALFANT VALLEY CA. 93514** **DYER NV. 89010**

2. LOCATION **SW 1/4 SE 1/4 Sec. 32 T. 3 N. R. 36 E. ESMERALDA** County

PERMIT NO. **007-341-27** Parcel No. **WHITE MOUNTAIN RANCH** Subdivision Name

Issued by Water Resources

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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	6	6
SANDY LOAM		6	22	16
SAND + GRAVEL		22	32	10
BLUE CLAY		32	38	6
SAND + GRAVEL		38	62	24
CLAY + GRAVEL		62	92	30
GRAVEL	WB.	92	98	6
CLAY + GRAVEL		98	155	57
CLAY		155	170	15
SAND + GRAVEL	W.B.	170	185	15
CLAY		185	195	10
SAND + GRAVEL	W.B.	195	240	35

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **0** Feet **240** Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/2	2.36	PVC SCH 40	0	240

Perforations:
 Type perforation **FACTORY SCREEN**
 Size perforation **.032**
 From **240** feet to **200** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **240** feet to **50** feet

9. WATER LEVEL
 Static water level **8.6** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **9-3**, 20**08**
 Date completed **9-15**, 20**08**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

Name **BUDGET DRILLING CO** Contractor
 Address **P.O. BOX 3505 PARRANG NV 89041** Contractor

Nevada contractor's license number issued by the State Contractor's Board **40020**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**

Signed **[Signature]** By driller performing actual drilling on site or contractor
 Date **9-29-2008**