

OFFICE USE ONLY
Log No. 21689
Permit No. _____
Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Majuba Place Mining ADDRESS P.O. Box 1192
Gene Nev. 89510

2. LOCATION 1/4 SW 1/4 Sec. 30 T. 32 N/S R. 32 E. per County _____
PERMIT NO. waiver # 42141

3. TYPE OF WORK
New Well Recondition
Deepen Other TEST
Hole

4. PROPOSED USE
Domestic Irrigation Test
Municipal Industrial Stock

5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Brown clay</u>		<u>0</u>	<u>3</u>	
<u>gray shale</u>		<u>3</u>	<u>12</u>	
<u>Brown shale</u>		<u>12</u>	<u>28</u>	
<u>gray shale</u>		<u>28</u>	<u>60</u>	
<u>Brown shale</u>	<u>50</u>	<u>60</u>	<u>65</u>	
<u>Black shale</u>	<u>175</u>	<u>65</u>	<u>280</u>	
<u>gray limestone</u>		<u>280</u>	<u>321</u>	
<u>black shale</u>	<u>360</u>	<u>321</u>	<u>500</u>	

abandoned Hole
not enough water

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 500 feet
Casing record _____
Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ Feet below land surface
G.P.M. 100
Water temperature cold Quality _____

Date started 9/20 1980
Date completed 9/21 1980

7. WELL TEST DATA

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

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

Name Paul Williams
Address 22 S. Patterson Sparks
Nevada contractor's license number 14483
Nevada driller's license number 957
Signed Paul Williams
Date 9/21/80

BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours