

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER TENOPAH PUBLIC UTILITY ADDRESS DRAWER 151
TENOPAH NEV

2. LOCATION NW 1/4 SW 1/4 Sec 9 T. 3 N/S R. 43 E. NYE County
 PERMIT NO. W-090

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>Black volcanic rock</i>		<i>0</i>	<i>300</i>	<i>300</i>
<i>Grey Brown vol. rock</i>		<i>300</i>	<i>350</i>	<i>50</i>
<i>Black Vol. rock</i>		<i>350</i>	<i>400</i>	<i>50</i>
<i>Grey Brown vol. rock</i>		<i>400</i>	<i>480</i>	<i>80</i>
<i>Brown vol. rock</i>		<i>480</i>	<i>530</i>	<i>50</i>
<i>Brown vol. rock</i>		<i>530</i>	<i>560</i>	<i>30</i>
<i>Black vol. rock</i>		<i>560</i>	<i>600</i>	<i>40</i>

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 600 feet
 Casing record None
 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

9. WATER LEVEL
 Static water level Dry Feet below land surface _____
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

Date started Dec 10, 1981
 Date completed April 1, 1982

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 ROBERTSON ENG & DRILL
 Address 1401 N. ROOP, CARSON CITY
 Nevada contractor's license number 11539
 Nevada driller's license number 682
 Signed R. Robertson
 Date 6-28-82

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