

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 8950

OWNER Harry Hintersinger
MAILING ADDRESS 630 Del Norte NV 89010

ADDRESS AT WELL LOCATION _____

2. LOCATION NW 1/4 NE 8 T 4 N 36 E Esmeralda County
PERMIT NO. _____ Parcel No. 2 Subdivision Name White Wolf Meadows

3. TYPE OF WORK
New Well Recondition
Deepen Other
4. PROPOSED USE
Domestic Irrigation Test
Municipal Industrial Stock Other
5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------------|--------------|------|-----|------------|
| Fine Sands | | 0 | 70 | 70 |
| Sands w/ clay stringers | ✓ | 70 | 90 | 20 |
| Sands | ✓ | 90 | 115 | 25 |
| Gravel | ✓ | 115 | 120 | 5 |
| Clay | ✓ | 120 | 125 | 5 |
| Gravel | ✓ | 125 | 140 | 15 |
| Sands and gravel | ✓ | 140 | 160 | 20 |

8. WELL CONSTRUCTION
Diameter hole 12 1/4 inches Total depth 160 feet
Casing record _____
Weight per foot _____ Thickness 5/32"
Diameter From To
6 inches 0 feet 160 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Grout
Depth of seal 5.0 feet
Gravel packed: Yes No
Gravel packed from 50 feet to 160 feet
Perforations:
Type perforation milled
Size perforation 1/8"
From 120 feet to 160 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 5.5 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature cool ° F. Quality Good

Date started MAR 8, 1987
Date completed MAR 10, 1987

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 Feed Anderson Drilling Contractor
Address 711 W 14005 Woods Cross UT Contractor
Nevada contractor's license number 21467
Nevada contractor's drillers number _____
Nevada driller's license number 1496 Actual Driller
Signed Jim Raymond Contractor
Date 4-3-87

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