

OFFICE USE
 Log No. 31929
 Permit No. 51993
 Basin 4-44

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 221505

PRINT OR TYPE ONLY

1. OWNER PLASER LAND & LIVESTOCK ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS HALECK NV

2. LOCATION N.W. 1/4 SE 1/4 Sec. 002 T. 35 N. R. 57 E CO. KO County

PERMIT NO. 51993 Issued by Water Resources Parcel No. _____ Subdivision Name So well

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
TOP SOIL		0	36	36
Sticky CLAY		36	110	
CLAY & ROCK		110	190	
SANDY-CLAY GRAVEL		190	218	
CLAY		218	220	
IRON CASING NOT SUCCEPIL WATER				
WELL CASING RE DEEPEN				
CLAY		220	240	
RED GRAVEL-SAND		240	285	
CLAY GRAVEL		285	290	

8. WELL CONSTRUCTION
 Diameter hole 10 inches Total depth 290 feet
 Casing record _____
 Weight per foot _____ Thickness 188
 Diameter From To
6 inches 0 feet 290 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type CEMENT
 Depth of seal 56 feet
 Gravel packed: Yes No
 Gravel packed from 290 feet to 56 feet
 Perforations:
 Type perforation FACT. PWT
 Size perforation 8 X 3"
 From 250 feet to 290 feet
 From _____ feet to _____ feet

RECEIVED
 NOV 14 1990
 STATE ENGINEER'S OFFICE

Date started 7-10 1989
 Date completed 7-14 1989

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 91 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality Good

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AAA Drilling Contractor
 Address 359 W RIVER CO. KO NV Contractor
 Nevada contractor's license number 20684
 Nevada contractor's drillers number _____
 Nevada driller's license number 904 Actual Driller
 Signed [Signature] Contractor
 Date 10-5-89

BAILER TEST
 G.P.M. 30 Draw down 4 feet 5 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours