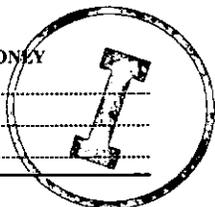


Log No. 41073
 Permit No. _____
 Basin. 162



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 11613

1. OWNER Bill Moore ADDRESS AT WELL LOCATION Lot 97 TONYA
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NW 1/4 Sec. 30 T. 19S N/S R. 53 E. Nye County _____
 PERMIT NO. 29-462-14 Parcel No. _____ Subdivision Name Valley View Acres
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay		0	4	4
caliche		4	6	2
Clay		6	41	35
caliche		41	43	2
Clay		43	52	9
caliche	WB	52	54	2
Clay		54	84	30
caliche	WB	84	87	3
Clay		87	96	9
caliche	WB	96	100	4

8. WELL CONSTRUCTION
 Depth Drilled 100 Feet Depth Cased 100 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 100 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.92</u>	<u>.198</u>	<u>0</u>	<u>100</u>

Perforations:
 Type perforation Factory Sawcut
 Size perforation 1/8 x 3
 From 80 feet to 100 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 50 feet to 100 feet

RECEIVED

APR 23 1993

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 4-17 1993
 Date completed 4-16 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level 45 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Great Basin Drilling Contractor
 Address HCR 78 Box 80358 Contractor
Daherup NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dan
 By driller performing actual drilling on site or contractor
 Date 4-17-93

