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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 41292
 Permit No. 1
 Basin 1
 NOTICE OF INTENT NO. 11729

1. OWNER Vernon Hall ADDRESS AT WELL LOCATION Lot 674 Kishan
 MAILING ADDRESS _____
 2. LOCATION DW 1/4 NW 1/4 Sec 29 T. 21S N/S R. 54 E. Nye County
 PERMIT NO. 45-322-25 Parcel No. _____ Subdivision Name Green Saddle Ranch

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 | 8 | 4 |
| caliche | | 8 | 11 | 3 |
| clay | | 11 | 33 | 22 |
| caliche | | 33 | 35 | 2 |
| Clay | | 35 | 56 | 21 |
| caliche | WB | 56 | 59 | 3 |
| clay | | 59 | 75 | 16 |
| caliche | WB | 75 | 78 | 3 |
| clay | | 78 | 104 | 26 |
| caliche | WB | 104 | 106 | 2 |
| clay | | 106 | 129 | 23 |
| caliche | WB | 129 | 133 | 4 |
| clay | | 133 | 140 | 7 |

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>8 3/8</u> | <u>16.94</u> | <u>.184</u> | <u>0</u> | <u>140</u> |

 Perforations:
 Type perforation Factory Saw cut
 Size perforation 1 1/8 x 3
 From 120 feet to 140 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 140 feet

9. WATER LEVEL
 Static water level 56 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
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| | | |

 Date started 4-26 1993
 Date completed 4-29 1993

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 28 Box 80358 Contractor
Phoenix NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30580
 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 4-30-93

RECEIVED
 MAY 05 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV