

OFFICE USE ONLY
 Log No. 41921
 Permit No. 105
 Basin 100

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. 21488

1. OWNER H.L. Murphy ADDRESS AT WELL LOCATION 17620
 MAILING ADDRESS 17620 East Aspen
Gold Springs NV.
 2. LOCATION N 1/4 NE 1/4 Sec 20 T. 19 N. R. 25 E Washoe County
 PERMIT NO. SE NW 87-044-18 Subdivision Name

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
Brown clay		0	20	20
Sand & gravel	X	20	30	10
Clay with extra bedded gravel		30	45	15
Gray sandy clay		45	65	20
gray clay with thin layers of fine gravel	X	65	80	15
gray clay with bedded gravel		80	95	15
Brown clay		95	103	8
Sand & gravel	X	103	110	7
Brown clay		110	119	9
Sand & gravel	X	119	133	14
HARD cement		133	140	
Sand & gravel				

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet 140 Feet
 Inches Feet 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 3/8</u>	<u>12</u>	<u>.788</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Mill Cut
 Size perforation 3/16 x 2 1/2
 From 100 feet to 130 feet
 From feet to feet
 From feet to feet
 From feet to feet
 From feet to feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 100 feet to 140 feet

9. WATER LEVEL
 Static water level 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.0 °F Quality unknown

Date started 6-24 1993
 Date completed 6-26 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 checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>unknown</u>	<u>2 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name OASIS DRILLING INC. Contractor
 Address P.O. Box 21421 CARSON CITY, NEVADA. Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0023129
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1386
 Signed T. Angolan
 By driller performing actual drilling on site or contractor
 Date 6-26-93