

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 534.40

Log No. 41904
 Permit No. 102
 Basin 102
 NOTICE OF INTENT NO. 10899

1. OWNER Ron Murphy ADDRESS AT WELL LOCATION Charleston Park
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec 14 T 20S N/S R 52 E Nye County
 PERMIT NO. 28-743-12 Issued by Water Resources Parcel No. Subdivision Name Charleston Park

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	8
caliche		8	10	2
clay		10	30	20
caliche		30	33	3
Clay		33	54	21
caliche	WB	54	57	3
Clay		57	72	15
caliche	WB	72	74	2
Clay		74	91	17
caliche	WB	91	93	2
Clay		93	108	15
caliche	WB	108	110	2
clay		110	116	6
caliche	WB	116	119	3
Clay		119	134	15
caliche	WB	134	136	2
Clay		136	140	4

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 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>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw cut
 Size perforation 1/8 x 3
 From 100 feet to 120 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

RECEIVED
 JUL 13 1993

Div. of Water Resources
 Branch Office - Las Vegas, NV
 Date started 6-21, 1993
 Date completed 6-25, 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL
 Static water level 48 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 ACR 78 Box 86358 Contractor
Shuman NV 89641
 Nevada contractor's license number 30880
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed J Thomas Dan
 By driller performing actual drilling on site or contractor
 Date 7-2-93