

OFFICE USE ONLY
 Log No. 42119
 Permit No. _____
 Basin 13-207

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. 20228

1. OWNER DALE & DARLENE HASLEM ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 262 Lund NV 89317 Lot 7 of Block 8

2. LOCATION SW 1/4 NE 1/4 Sec 33 T 12 N/S R 62 E White Pine County _____
 PERMIT NO. N.A. 6-022-02 Lund town site Survey
 Issued by Water Resources Parcel No. 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	Thickness
Sandy Clay		0	13	
gravel		13	14	
Sandy Clay		14	24	
gravel		24	25	
Sandy clay		25	33	
gravel		33	34	
Sandy clay		34	45	
gravel	water	45	48	
Sandy clay		48	75	
gravel	water	75	76	
Sandy clay		76	78	
gravel	water	78	80	
Sandy clay		80	87	
gravel	water	87	88	
Sandy clay		88	91	
gravel	water	91	92	
Sandy clay		92	95	
gravel	water	95	96	
Sandy clay		96	100	
gravel	water	100	101	
Sandy clay		101	117	
gravel	water	114	115	
Sandy clay		115	120	

8. WELL CONSTRUCTION

Depth Drilled 120 Feet : Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10</u>	<u>0</u>	<u>55</u>	Feet
<u>8</u>	<u>55</u>	<u>120</u>	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>0</u>	<u>120</u>

Perforations:
 Type perforation mill
 Size perforation 1/8 x 2 1/2" x 6 row
 From _____ feet to _____ feet
 From 70 feet to 110 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 60 feet to 120 feet

9. WATER LEVEL
 Static water level 35' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

Date started June 8 1993
 Date completed July 5 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>25</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Nathan R. Maynard Contractor
 Address P.O. Box 176 Lund N.V. 89317 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0022869
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
 Signed Nathan Maynard
 By driller performing actual drilling on site or contractor
 Date July 15 -93