

OFFICE USE ONLY

Log No. 42805
 Permit No. _____
 Basin 10-179

NOTICE OF INTENT NO. 23229

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

1. OWNER MARK BROWN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 116 WEST Highland Apt. no. 8 Lot no. 104 LACKAWANNA RD
E. LY. NV 89301
 2. LOCATION NE 1/4 NE 1/4 Sec. 21 T. 17 N/S R. 13 E. White Pine County _____
 PERMIT NO. NA Parcel No. 05-001-07 Subdivision Name CROSS TIMBERS Land Co.
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
Silty top soil		0	3	
Clay gravel conglomerate		3	12	
lime stone		12	13	
gravel conglomerate		13	20	
Sandy clay		20	22	
gravel con.		22	50	
Sandy clay		50	64	
gravel con.		64	98	
Sandy clay		98	103	
gravel con.		103	110	water
Sandy clay		110	112	
gravel con.		112	115	water
Sandy clay		115	126	
gravel con		126	134	water
Sandy clay		134	136	
gravel con		136	139	water
Sandy clay		139	147	
gravel con.		147	151	water
Sandy clay		151	155	
gravel con		155	167	water
Sandy clay		167	170	

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>8</u> Inches	<u>50</u> Feet <u>170</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>17.9</u>	<u>.188</u>	<u>0</u>	<u>170</u>

Perforations:
 Type perforation Milk
 Size perforation 4 x 2 1/2 x 6 row

From _____ feet to _____ feet
 From 105 feet to 126 feet
 From 137.5 feet to 159.50 feet
 From _____ feet to _____ 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 170 feet

9. WATER LEVEL
 Static water level 105 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

Date started Aug 27 1993
 Date completed Sept 10 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40</u>	<u>5'</u>	<u>1 hr</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 NV 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 Owner Maynard
 By driller performing actual drilling on site or contractor
 Date Sept 10 - 93