

PRINT OR TYPE ONLY
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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

NOTICE OF INTENT NO. 19211

1. OWNER Salvador Puentes ADDRESS AT WELL LOCATION Corner of 5th and 1st Ave
 MAILING ADDRESS 965 1st St Ely, NV

2. LOCATION 500 5th 1/4 Sec 36 T 36 N/S R 56 E 1140 County _____
 PERMIT NO. R-56-374-0 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 | Thick-ness |
|--------------------|--------------|------------|------------|------------|
| <u>Loam</u> | | <u>0</u> | <u>2</u> | <u>2</u> |
| <u>SAND STONE</u> | | <u>2</u> | <u>43</u> | <u>41</u> |
| <u>Hard pan</u> | | <u>43</u> | <u>51</u> | <u>12</u> |
| <u>CLAY</u> | | <u>51</u> | <u>178</u> | <u>127</u> |
| <u>SAND Gravel</u> | <u>x</u> | <u>178</u> | <u>182</u> | <u>14</u> |
| <u>CLAY</u> | | <u>182</u> | <u>190</u> | <u>x</u> |

93 (11) 21 AND 47
 STAIR

8. WELL CONSTRUCTION
 Depth Drilled 190 Feet Depth Cased 190 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 150 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</u> | <u>12.52</u> | <u>155</u> | <u>72</u> | <u>190</u> |

Perforations:
 Type perforation slots
 Size perforation 3/8 x 3
 From 170 feet to 170 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 51

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 51 feet to 190 feet

9. WATER LEVEL
 Static water level 117 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold Quality Good

Date started 9-21 1993
 Date completed 9-22 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 type="checkbox"/> Air Lift | <u>15</u> | | <u>3</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Escalig Drilling Co Contractor
 Address 1101 13th St S Contractor
Ely NV 89503

Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584

Signed Shelby J. [Signature]
 By driller performing actual drilling on site or contractor

Date 9-23-93