

OFFICE USE ONLY
 Log No. 43612
 Permit No. _____
 Basin 10-176

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. 23301

1. OWNER DEE Bettidge ADDRESS AT WELL LOCATION Rudy MARSH
 MAILING ADDRESS P.O. Box 150-546 Shanty Town Lot 34
Ely NV 89315

2. LOCATION SW 1/4 NW 1/4 Sec. 1 T. 26 N/S R. 57 E EIKO County
 PERMIT NO. 06-45A-37-7 Shanty Town Subdivision Name
Issued by Water Resources Parcel No.

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
TOP SOIL		0	6"	6"
Fracture Rock		6"	65	
Loose Rock	X	65	70	5
Fracture Rock		70	84	14
Loose Rock	X	84	95	11
CLAY		95	96	1

'94 JUN 24 P 2:23
 STATE ENGINEER

8. WELL CONSTRUCTION
 Depth Drilled 96 Feet Depth Cascd. 96 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 96 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 5/8</u>	<u>12.92</u>	<u>1.88</u>	<u>± 2</u>	<u>96</u>

Perforations:
 Type perforation slots
 Size perforation 3/16 x 3"
 From 70 feet to 90 feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From 60 feet to 96 feet

9. WATER LEVEL
 Static water level 59' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fentig Drilling Co Contractor
 Address P.O. Box 535 Contractor
EIKO NV 89803
 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 _____
 By driller performing actual drilling on site or contractor
 Date 1-12-94

Date started 1-5, 1994
 Date completed 1-12, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>75-80</u>		<u>3</u>