

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 45211
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 13298

1. OWNER April Hoover ADDRESS AT WELL LOCATION 4230 NAVAJO
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 20 T 21S N/S R 34 E Nye County
 PERMIT NO. 45-281-24 Parcel No. Green Saddle Ranch 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 |
|------------|--------------|------|-----|------------|
| Sandy clay | | 0 | 8 | 8 |
| caliche | | 8 | 11 | 3 |
| Clay | | 11 | 38 | 27 |
| caliche | | 38 | 41 | 3 |
| Clay | | 41 | 83 | 42 |
| caliche | WB | 83 | 85 | 2 |
| Clay | | 85 | 102 | 17 |
| caliche | WB | 102 | 108 | 6 |
| Clay | | 108 | 119 | 11 |
| caliche | WB | 119 | 122 | 3 |
| Clay | | 122 | 134 | 12 |
| caliche | | 134 | 140 | 6 |

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
12 1/4 Inches 8 From 145 To _____ 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 5/8</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

9. WATER LEVEL
 Static water level 56 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 HER 78 Box 80358 Contractor
Primm NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas
 By driller performing actual drilling on site or contractor
 Date 7-8-94

Date started 6-16, 1994
 Date completed 6-20, 1994

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
|--|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED

JUL 22 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV