

OFFICE USE ONLY
 Log No. 45586
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 13732

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 WILLIAM CHURCHILL ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 10 WINDY
 _____ FAHRUMF NV 89041
 2. LOCATION NE 1/4 NW 24 T. 209 N/S R. 52 E. NYE County
 PERMIT NO. _____ N/S R. 52 E. NYE County
 Issued by Water Resources 28-542-10 Parcel No. ROCK-N-HORSE ESTATES 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
CLAY		0	4	4
CALICHIE		4	8	4
CLAY		8	36	28
CALICHIE		36	38	2
CLAY		38	64	26
CALICHIE	WB	64	67	3
CLAY		67	85	18
CALICHIE	WB	85	87	2
CLAY		87	103	16
CALICHIE	WB	103	107	4
CLAY		107	121	14
CALICHIE	WB	121	124	3
CLAY		124	136	12
CALICHIE	WB	136	140	4
		140		140

8. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches 0 Feet 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>85x8</u>	<u>16.9</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation _____
 Size perforation FACTORY SAW CUT
 From _____ feet to 1 1/8 x 3" feet
 From 100 feet to 120 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From X feet to _____ feet

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SEP 07 1994

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

Date started _____, 19_____
 Date completed 8-25-94, 19_____
8-27-94

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)	

9. 50 WATER LEVEL 140
 Static water level _____ feet below land surface
 Artesian flow 46 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 CO., INC.
 Address HCR 78 BOX 80000
FAHRUMF 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 Dan
 By driller performing actual drilling on site or contractor
 Date 8-26-94