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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. 14106

1. OWNER Row Murphy ADDRESS AT WELL LOCATION Lot 396 Savoy
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 SE 1/4 Sec 20 T 21S N/S R 54 E Nye County
 PERMIT NO. 45-293-13 Parcel No. _____ Subdivision Name Green Saddle Ranch
 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
Sandy clay		0	5	5
Caliche		5	7	2
clay		7	29	22
caliche		29	34	5
Clay		34	68	34
caliche	WB	68	70	2
Clay		70	94	24
caliche	WB	94	99	5
Clay		99	124	25
caliche	WB	124	128	4
Clay		128	136	8
caliche	WB	136	140	4

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches 0 Feet 140 Feet
 To _____ Inches _____ Feet _____ 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 3/8</u>	<u>16.94</u>	<u>.185</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation factory saw cut
 Size perforation 1/8 x 3/16
 From 100 feet to 120 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 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 Hcd 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 D...
 By driller performing actual drilling on site or contractor
 Date 11/2/94

Date started 10/5 1994
 Date completed 10/8 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)	