

Log No. 46029
 Permit No. _____
 Basin 162



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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. H111

1. OWNER Michael Couture ADDRESS AT WELL LOCATION 4851 Turner
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 29 T. 215 N/S R. 54 E. 1 County Nye
 PERMIT NO. _____ Parcel No. 45-331-25 Subdivision Name Green Saddle Ranch

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 |
|--------------|--------------|------|-----|-----------|
| Sand-Cobbles | | 0 | 23 | 23 |
| Caliche | | 23 | 25 | 2 |
| Clay | | 25 | 36 | 11 |
| limestone | | 36 | 45 | 9 |
| Clay | | 45 | 52 | 7 |
| Caliche | | 52 | 63 | 11 |
| Clay | | 63 | 89 | 26 |
| Caliche | WB | 89 | 100 | 11 |
| Clay | | 100 | 121 | 21 |
| Caliche | WB | 121 | 143 | 22 |
| Clay | | 143 | 158 | 15 |
| Caliche | WB | 158 | 163 | 5 |
| Clay | | 163 | 169 | 6 |
| Caliche | WB | 169 | 175 | 6 |

8. WELL CONSTRUCTION
 Depth Drilled 175 Feet Depth Cased 175 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 175 Feet
12 1/4 Inches 0 Feet 175 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>175</u> |

Perforations:
 Type perforation Factory Saw Cut
 Size perforation 1 1/8 x 3/16
 From 135 feet to 155 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 175 feet

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9. WATER LEVEL
 Static water level 85 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started September 12, 1994
 Date completed September 13, 1994

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 | | | |
| | | | |
| | | | |
| | | | |

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 HCR 80 Box 80358 Contractor
Primm NV 89041
 Nevada contractor's license number 30880 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas D...
 Date 10/28/94