

OFFICE USE ONLY
 Log No. 46809
 Permit No. _____
 Basin. 179

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 26538

1. OWNER DAVID C. Strachan ADDRESS AT WELL LOCATION NONE
 MAILING ADDRESS P.O. Box 5595
ELKO, N.V. 89802

2. LOCATION NW 1/4 SE 1/4 Sec. 6 T. 34 N. 36 E. ELKO County
 PERMIT NO. _____ Parcel No. Lot 3, Block Subdivision Name Last Chance Ranch 43
 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
<u>Clay & gravel</u>		<u>0</u>	<u>12</u>	<u>12</u>
<u>Humboldt Pm</u>		<u>12</u>	<u>126</u>	<u>114</u>
<u>Clay, gravel, boulders soap</u>		<u>126</u>	<u>128</u>	<u>2</u>
<u>Elko Pm (gray sh)</u>		<u>128</u>	<u>255</u>	<u>127</u>
<u>Sand</u>	<u>✓✓</u>	<u>255</u>	<u>285</u>	<u>30</u>
<u>Shale</u>		<u>285</u>	<u>290</u>	<u>5</u>
<u>T.D. 290</u>				

8. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 290 Feet

HOLE DIAMETER (BIT SIZE)
 From 1.0 Inches To 0 Feet 55 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>	<u>12.92</u>	<u>.188</u>	<u>+1 1/2</u>	<u>290</u>

Perforations:
 Type perforation Touch cut
 Size perforation 1/4 x 4
 From _____ feet to _____ feet
 From 255 feet to 285 feet
 From _____ feet to _____ 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
 Concrete Grout

Gravel Packed: Yes No
 From 50 feet to T.D. 290 feet

9. WATER LEVEL
 Static water level 126 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 9-14 1994
 Date completed 9-26 1994

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>30</u>	<u>40</u>	<u>2 hrs.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name MUTH DRILLING Co. Contractor
 Address 203 PINE ST. Contractor
ELKO, NV 89801

Nevada contractor's license number issued by the State Contractor's Board 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 632

Signed James V. Muth
 By driller performing actual drilling on site or contractor
 Date 10-16-94