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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. 13022

1. OWNER Lucille Jackson ADDRESS AT WELL LOCATION Rand St Pathway Nv.
 MAILING ADDRESS _____
 2. LOCATION S. E 1/4 S. E 1/4 Sec. 1 T. 20 S N/S R. 52 @ Nye County
 PERMIT NO. 28-432-35 Parcel No. Vegas Aches 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 |
|----------------|--------------|------|-----|------------|
| SOIL | | 0 | 7 | 7 |
| Grey Clay | | 7 | 13 | 6 |
| Dico. Calachia | | 13 | 19 | 6 |
| Grey Clay | | 19 | 44 | 25 |
| Calachia | | 44 | 47 | 3 |
| Grey Clay | X | 47 | 70 | 23 |
| Brown Clay | X | 70 | 85 | 15 |
| Grey Clay | X | 85 | 105 | 20 |
| Brown Clay | X | 105 | 140 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 140 Feet
12 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | 17 | 1.68 | 0 | 140 |

Perforations:
 Type perforation Factory cut
 Size perforation 1/2 x 1/4"
 From 100 feet to 120 feet
 From _____ feet to _____ feet

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 MAY 18 1995
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Surface Seal: Yes No Seal Type:
 Depth of Seal 5.0' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 5.0 feet to 140 feet

9. WATER LEVEL
 Static water level 5.5' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 4-28, 1995
 Date completed 5-3, 1995

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|--------|-------------------------------|--------------|
| <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | 30 | 3 | 1/2 Hour |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Larry H Jenkins Contractor
 Address PO Box 3392 Contractor
Pathway Nv. 89041
 Nevada contractor's license number issued by the State Contractor's Board 0035901
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1916
 Signed Larry H Jenkins
 By driller performing actual drilling on site or contractor
 Date 5-3-1995