

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 Don Charleboix ADDRESS AT WELL LOCATION 5730 Quarterhorse
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 1/4 Sec 8 T. 21S N/S R. 54 E Nye County
 PERMIT NO. 45-101-25 Issued by Water Resources Parcel No. _____ 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 |
|----------|--------------|------|-----|------------|
| Clay | | 0 | 5 | 5 |
| Caliche | | 5 | 12 | 7 |
| Clay | | 12 | 55 | 43 |
| Caliche | WB | 55 | 62 | 7 |
| Clay | | 62 | 88 | 26 |
| Caliche | WB | 88 | 90 | 2 |
| Clay | | 90 | 115 | 25 |
| Caliche | WB | 115 | 118 | 3 |
| Clay | | 118 | 135 | 17 |
| Caliche | WB | 135 | 139 | 4 |
| Clay | | 139 | 155 | 16 |
| Caliche | WB | 155 | 160 | 5 |

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 160 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>160</u> |

Perforations:
 Type perforation Factory Saw Cut
 Size perforation 7/8" x 3"
 From _____ feet to _____ feet
 From 120 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 100 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started June 5 1995
 Date completed June 7 1995

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
 Address HCR 78 Box 80-358
Pahrump, 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 Herman Dan
 By driller performing actual drilling on site or contractor
 Date 8/8/95

