

OFFICE USE ONLY
 Log No. 48136
 Permit No. _____
 Basin. 176

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. 37106

1. OWNER White Shields Inc. ADDRESS AT WELL LOCATION Ruby Valley
 MAILING ADDRESS P.O. Box 477 Indian Allotment
Grandview, WA 98930

2. LOCATION NE 1/4 NE 1/4 Sec. 21 T 31 N 59 E Elko County
 PERMIT NO. Indian land Tract of land
 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
Top soil		0	3	3
Brown clay		3	6	3
Brown clay & sand		6	20	14
Weathered quartz		20	44	24
Br clay & gravel	X	44	60	16
Weathered quartz		60	80	20
Sandy clay & gravel	X	80	100	20
Weathered quartz		100	120	20
Sandy gravel	X	120	130	16
Weathered quartz		120	220	100
Gravel;	X	220	230	10
Quartz		230	260	30

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased 258 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 260 Feet
10-5/8 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)
6-5/8	13	.188	+1-1/2	258

Perforations:
 Type perforation Millslot
 Size perforation _____
 From 100 feet to 120 feet
 From 238 feet to 258 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 100 feet to 258 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started April 19 19 95
 Date completed April 20 19 95

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	
	G.P.M.	Draw Down (Feet Below Static)
Blow	150	
Pump	150	240
		Time (Hours)
		8
		3

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

Name HACKWORTH DRILLING, INC. Contractor
 Address P.O. Box 850 Contractor
Elko, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 020582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1689

Signed David Hensch
 By driller performing actual drilling on site or contractor
 Date 4-27-95