

OFFICE USE ONLY
 Log No. 49043
 Permit No. _____
 Basin. 101 P

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. 28834

1. OWNER Pine Grove Farms ADDRESS AT WELL LOCATION Bon Accord Lane
 MAILING ADDRESS _____

2. LOCATION SW 1/4 NW 1/4 Sec. 35 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. 54856 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
Brown Sand	X	0	33	33
Green/Grey Clay	X	33	38	5
Black Sand	X	38	54	16
Black Clay		54	59	5
Grey Sand	X	59	82	29
Brown Sand	X	82	107	25
Brown Silt	X	107	135	28
Black Sandy Clay	X	135	173	38
Brown Sandy Gravel	X	173	188	15

8. WELL CONSTRUCTION
 Depth Drilled 188 Feet Depth Cased 188 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 100 Feet
10 Inches 100 Feet 188 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 7/8</u>	<u>.188</u>	<u>.188</u>	<u>72</u>	<u>188</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .070
 From _____ feet to _____ feet
 From 175 feet to 185 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 180 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 20-5" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality OK-Tested

Date started March 24, 1995
 Date completed March 26, 1995

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>250</u>	<u>26</u>	<u>5</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name J.W. Baffle Contractor
 Address P.O. Box 888 Contractor
Fallon Nev.
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 272
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date April 26-95