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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 INTEREST NO. 28858

1. OWNER Martine Hawley ADDRESS AT WELL LOCATION 2256 Old Nevada
 MAILING ADDRESS 2256 Caballo Reno Nev
 2. LOCATION NE 1/4 NE 1/4 Sec. 9 T 30 N/S R. 33 E Pershing County
 PERMIT NO. _____ 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
<u>Brown Clay</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Black & Grey</u>				
<u>Broken Granite</u>				
<u>with Quartz &</u>				
<u>Brown Calc</u>				
<u>strings</u>		<u>4</u>	<u>329</u>	<u>325</u>

8. WELL CONSTRUCTION
 Depth Drilled 329 Feet Depth Cased 329 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 50 Feet
8.94 Inches 50 Feet 327 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>11.8</u>	<u>.158</u>	<u>4</u>	<u>327</u>

Perforations:
 Type perforation Machine 5/8"
 Size perforation 2 3/16
 From _____ feet to _____ feet
 From 315 feet to 325 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 per talcon Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 255 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality UM-tester

Date started 8-14, 1995
 Date completed 8-15, 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>25+</u>		<u>1</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Wesco Contractor
 Address Box 805 Fallon Nev Contractor
 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 1227
 Signed Dave Anderson
 By driller performing actual drilling on site or contractor
 Date 8-16-95