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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. 28746

1. OWNER John Hamilton ADDRESS AT WELL LOCATION lot 9 Blk B Ruby Mt Estates
 MAILING ADDRESS P.O. Box 5598 Eiko NV 89802
 2. LOCATION SW 1/4 SE 1/4 Sec 23 T. 33 N/S R. 56 E. EIKO County _____
 PERMIT NO. _____ Parcel No. 79-002-79-3 Subdivision Name Ruby Mt Estates
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Stock Test Other _____
 5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Loam		0	10	10
Gravel		10	23	13
Clay		23	60	37
Gravel	X	60	65	5
Clay		65	73	8
Gravel	X	73	75	2
SANDSTONE		75	98	23
SANDSTONE loss	X	98	110	12

8. WELL CONSTRUCTION
 Depth Drilled 110 Feet Depth Cased 110 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 110 Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>12.92</u>	<u>1.88</u>	<u>72</u>	<u>110</u>

Perforations:
 Type perforation slots
 Size perforation 3/16 x 3
 From 90 feet to 110 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 53 feet to 110 feet

9. WATER LEVEL
 Static water level 47 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fentig Drilling Co Contractor
 Address P.O. Box 525 Eiko NV 89801 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shovel C. Freese Jr.
 By driller performing actual drilling on site or contractor
 Date 9-11-95

Date started 9-3, 1995
 Date completed 9-4, 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 checked="" type="checkbox"/> Air Lift	<u>50</u>		<u>3.5</u>