

OFFICE USE ONLY
 Log No. 50447
 Permit No. _____
 Basin 107

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. 27117

1. OWNER Gary Mc Kay ADDRESS AT WELL LOCATION 110 Hope Canyon Road Wellington Nev. 89444
 MAILING ADDRESS P.O. Box 137 Wellington Nev. 89444
 2. LOCATION NW 1/4 NE 10 T 10 N/S R. 23 E County Syon
 PERMIT NO. none Issued by Water Resources Parcel No. 10-691-06 Subdivision Name none

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>Large boulders + dirt</u>		<u>0</u>	<u>18</u>	<u>18</u>
<u>boulders + gravel</u>	<input checked="" type="checkbox"/>	<u>18</u>	<u>36</u>	<u>18</u>
<u>limestone sandy clay</u>		<u>36</u>	<u>50</u>	<u>14</u>
<u>small rock, sand clay mat</u>		<u>50</u>	<u>93</u>	<u>43</u>
<u>rock + gravel</u>	<input checked="" type="checkbox"/>	<u>93</u>	<u>120</u>	<u>27</u>

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 100 Feet
6 Inches 100 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>188</u>		<u>188</u>	<u>0</u>	<u>120</u>

Perforations:
 Type perforation factory saw slitt
 Size perforation 3/32 x 3/120
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 100
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started Sept 12, 1995
 Date completed Sept 18, 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>15+</u>	<u>5 ft</u>	<u>6 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address P.O. Box 928 Smith River 89430 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 32166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Miller By driller performing actual drilling on site or contractor
 Date Nov 17 1995