

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 INTEREST NOS. 72605

1. OWNER Sam Raygo ADDRESS AT WELL LOCATION 450 Mason Rd. Hazen, NV.
 MAILING ADDRESS _____

2. LOCATION S 1/4 33 T. 20 N/S R. 26 E. Churchill County
 PERMIT NO. NIA Issued by Water Resources Parcel No. 09-271-67 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 Med

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Bedded Sand</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>decomposed shell</u>		<u>4</u>	<u>46</u>	<u>42</u>
<u>clay</u>		<u>46</u>	<u>73</u>	
<u>Coarse Gravel</u>	<u>90'</u>	<u>73</u>	<u>91</u>	
<u>bed rock</u>	<u>170'</u>	<u>91</u>	<u>190</u>	
<u>fractured</u>	<u>190'</u>			
<u>water in fractures</u>				
<u>& some at perfo</u>				
<u>zone.</u>				

8. WELL CONSTRUCTION
 Depth Drilled 190 Feet Depth Cased 191 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 1 Feet 95 Feet
8 3/4 Inches 95 Feet 190 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>190</u>

Perforations:
 Type perforation Open Cnt
 Size perforation _____
 From 105 feet to 115 feet
 From 180 feet to 190 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50' feet to 190' feet

9. WATER LEVEL
 Static water level 110' PER TELECON W/ DRILLER feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 62 °F Quality Good

Date started 9/4/95, 19____
 Date completed 9/6/95, 19____

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>70+</u>	<u>2 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 Sam Raygo Contractor
 Address PO 599 Contractor
SS NV 89425
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed Sam Raygo
 By driller performing actual drilling on site or contractor
 Date 9/6/95