

OFFICE USE ONLY
 Log No. 50825
 Permit No. _____
 Basin. 1098

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

1. OWNER JBR (CONSULTANTS) ECHOLOGY ADDRESS AT WELL LOCATION BUREAU'S MINE
 MAILING ADDRESS _____

2. LOCATION 6N 29E 1/4 Sec. 27 T. 24N S. R. _____ E _____ 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
MS MONITOR WELL				
MARKED + TRUCKS				
TO MS MONITOR				
WELL SET UP				
RIG OVER WELL				
LOWER CORE				
WITH WEIGHT				
TO WATER STATIC				
ET STATIC WATER				
LOWER WEIGHT				
TO BOTTOM OF				
WELL TOTAL				
DEPTH 459 FT.				
LOWER STEEL				
1" PIPE INTO				
WELL TO 440 FT				
PUMPED NEAR				
CEMENT INTO				
WELL, PULLING				
UP IN INTERVALS				
TO MAKE SURE OF				
PLACEMENT OF				
CEMENT. PUMPED				
CEMENT TO SURFACE				
WITH WATER COME				
TO SURFACE,				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	_____
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 JOHN ROBINSON DRILLING LTD Contractor
 Address BOX 2328
HAWTHORNE NEVADA 89415 Contractor

Nevada contractor's license number _____
 issued by the State Contractor's Board _____

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1332

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 27 MAY 95

Date started 25-MAY 95 1995
 Date completed 27 MAY 95 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)