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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.

1. OWNER JBR CONSULTANTS/GEHO BY ADDRESS AT WELL LOCATION BOLEAS MINE
 MAILING ADDRESS SOUTHERLY WATER WELL

2. LOCATION NW 1/4 SE 28 T. 60 N. R. 29 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	Thickness
SETUP OVER EXISTING (LOG #23400)				
8" WELL - RIM W/6 INCH BIT				
TO 695 FT - DRILLED OUT FILL				
W/ AIR TO 705 FT - MAKING ABOUT				
200 GPM AIR LIFTING - PULLED				
DRILL PIPE OUT OF HOLE AND				
PLACED 500 FT OF TWO INCH TBNG				
IN HOLE; PUMPED 375 SX NEAR				
CEMENT APPROX 30 SX PER BATCH;				
PULLED UP 375 SX TBNG				
DURING BATCHING.				
FULL RETURNS OF CEMENT TO				
SURFACE - LITTLE TO NO WATER				
RETURNS; CEMENT IN PLACE				
@ 13:30 ON 05/19/95.				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 1/8	24.70	.277	+1	750

Perforations:
 Type perforation _____
 Size perforation _____
 From 261 feet to 369 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 455 feet to 477 feet

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

9. WATER LEVEL
 Static water level 274 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____ 19____
 Date completed _____ 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
525	5.2	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____ Contractor
 Address _____ 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 1-3-322
 Signed Charles E. B...
 By driller performing actual drilling on site or contractor
 Date 5-29-95