

OFFICE USE ONLY
 Log No. 51438 & 51439
 Permit No. 1711
 Basin 1711

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. 28140
 ADDRESS AT WELL LOCATION 700 HULTMAN ST ELY NV

1. OWNER BANK OF AMERICA
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SW 1/4 Sec. 16 T. 16 S. R. 63 E. White Pine County
 PERMIT NO. MO 660 C Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>ASPHALT</u>		<u>0</u>	<u>.5</u>	
<u>BAKIFILL</u>		<u>.5</u>	<u>4'</u>	
<u>DARK BROWN SILTY CLAY</u>		<u>4'</u>	<u>6'</u>	
<u>DARK BROWN CLAY</u>		<u>6'</u>	<u>9'</u>	
<u>DARK BROWN CLAY</u> <u>GRAVEL</u>		<u>9'</u>	<u>13'</u>	
<u>DARK BROWN SILTY CLAY</u>		<u>13</u>	<u>18</u>	

2 pipes in well
 MP-1
 1-12'
 1-18'

8. WELL CONSTRUCTION 12+18'
 Depth Drilled 18 Feet Depth Cased 18 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8" To 18 Feet
 _____ 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)
<u>1"</u>		<u>SCH 40</u>	<u>0</u>	<u>10</u>
			<u>0</u>	<u>16</u>

Perforations:
 Type perforation SCREEN
 Size perforation .020
 From 10 feet to 12 feet #1
 From _____ feet to _____ feet #1
 From 16 feet to 18 feet #2
 From _____ feet to _____ feet #2
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No Bentonite chips 12.5"
 From 8 feet to 15 feet 12.5 to 15
 From 15 feet to 18 feet

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

Date started 1-11, 1996
 Date completed 1-11, 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>05:11</u>	<u>1-6350</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Nevada Drilling Inc Contractor
 Address 75 Lewers Creek Rd Carson City NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board. 13697A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 1902
 Signed John D. Daise
 By Driller performing actual drilling on site or contractor
 Date 1-30-96