

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 55003
 Permit No. 179
 Basin 16439

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in
 accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 16439

1. OWNER Gary McLaughlin ADDRESS AT WELL LOCATION 9th west
 MAILING ADDRESS PO Box 1254 283 north
Ely Nev 89301
 2. LOCATION N/E 1/4 S/E 1/4 Sec 15 T 17 R 63 E White Pine County
 PERMIT NO. 0 Parcel No. 0 Subdivision Name Cross Timbers
 Issued by Water Resources

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
TOP Soil		0	4	4
Cemented Gravel		4	27	23
Clay-sand		27	20	43
Gravel	X	20	100	30
Clay-Gravel		100	119	19
Clay		119	137	18
Sand-Boulders	X	137	145	8
Hard Rock		145	150	5

FD 150

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>0</u>	<u>-.188</u>	<u>0</u>	<u>150</u>

Perforations:
 Type perforation torch cut
 Size perforation 1 5/8" x 6"
 From 70 feet to 110 feet
 From 130 feet to 150 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 54
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 54 feet to 150 feet

9. WATER LEVEL
 Static water level 61 feet below land surface
 Artesian flow 0 G.P.M. 0 P.S.I.
 Water temperature cold °F Quality Good

Date started 8-17-96, 19____
 Date completed 8-19-96, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>19</u>	<u>2</u>	<u>2</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Davis Drilling Contractor
 Address PO Box 54 Hiko Nev 89017 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0028966
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
 Signed Mark D Davis
 By driller performing actual drilling on site or contractor
 Date _____