

OFFICE USE ONLY  
Log No. 56908  
Permit No. \_\_\_\_\_  
Basin. 207

I

NOTICE OF INTENT NO. 22777

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

1. OWNER Robert & Kelly OLIVERA ADDRESS AT WELL LOCATION lots 6-7 Block 5  
MAILING ADDRESS Po Box 94  
Lund N.V. 89317

2. LOCATION SW 1/4 SE 1/4 Sec. 12 T. 12 N/S R. 61 E White Pine County  
PERMIT NO. N/A Issued by Water Resources Parcel No. 13-021-02 Subdivision Name Preston touch site

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
Top Soil		0	2	
Clay/Gravel/Conglomerate		2	12	
Clay Con.		12	14	
Gravel Con.		14	42	
Clay Con		42	48	
Gravel		48	49	
Clay		49	63	
Gravel Con.		63	68	
Clay		68	70	
Gravel Con		70	82	
Gravel	water	82	87	
Gravel Con		87	90	
Clay		90	92	
Gravel Con	water	92	100	
Clay Con		100	108	
Gravel	water	108	109	
Clay Con		109	118	
Gravel	water	113	115	
Clay		115	118	
Gravel		118	122	
Sandy clay		122	130	

8. WELL CONSTRUCTION  
Depth Drilled 130 Feet Depth Cased 130 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10	0	50		
8	50	130		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.75	12.9	.188	-1	130

Perforations:  
Type perforation MILL  
Size perforation 6 x 2.5 x 6.000

From 89 feet to 130 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 130 feet

9. WATER LEVEL  
Static water level 82 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature Cold °F Quality good

Date started July 10, 1996  
Date completed August 6, 1996

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>30</u>	<u>5</u>	<u>1 hr</u>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name NATHAN R. MAYNARD Contractor  
Address Po Box 176 Lund N.V. 89317 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0022864  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556

Signed Nathan Maynard  
By driller performing actual drilling on site or contractor  
Date Aug 13 -96