

OFFICE USE ONLY
 Log No. 04277
 Permit No. 057
 Basin 057
 NOTICE OF INTENT NO. 34244

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 Craig MASON ADDRESS AT WELL LOCATION W. END OF
 MAILING ADDRESS HC 31-Box 195 EMERALD AVE
EIKO NV 89501
 2. LOCATION NW NE 1/4 NE NW 1/4 Sec 18 T 43 N/S R 55 E EIKO County
 PERMIT NO. WD 125A 06-180-20-2 Wild Horse Subdivision Name
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Loose Raylite</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>Brown Raylite</u>		<u>15</u>	<u>85</u>	<u>70</u>
<u>Loose Brown Raylite</u>	<u>x</u>	<u>85</u>	<u>89</u>	<u>4</u>
<u>Black & Brown Raylite</u>		<u>89</u>	<u>139</u>	<u>50</u>
<u>mix</u>				
<u>Dark Brown Raylite</u>		<u>139</u>	<u>184</u>	<u>45</u>
<u>Red Raylite</u>		<u>184</u>	<u>209</u>	<u>25</u>
<u>Black & Brown Raylite</u>	<u>x</u>	<u>209</u>	<u>274</u>	
<u>Brown Raylite FANC</u>	<u>x</u>	<u>274</u>	<u>290</u>	

8. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 290 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 290 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</u>	<u>12.92</u>	<u>1.88</u>	<u>+2</u>	<u>290</u>

Perforations:
 Type perforation mill slot
 Size perforation 3/16 x 3"
 From 270 feet to 290 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 51 _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 51 feet to 290 feet

9. WATER LEVEL
 Static water level 100 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 Fertig Drilling Co Contractor
 Address PO Box 525 Contractor
EIKO NV 89503
 Nevada contractor's license number 031904 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1584-71
 Signed Shouk F. Fattah
 By driller performing actual drilling on site or contractor
 Date _____

Date started 10-18 1996
 Date completed 10-25 1996

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>30</u>	<u>2.5</u>
<u>Appena</u>			

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