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Louis & Mary Karcher

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. 32458

1. OWNER John Holmes ADDRESS AT WELL LOCATION 3400 E. Antelope St Silver Springs, NV, 89429
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NW 1/4 Sec. 21 T. 17 N/S R. 25 County Esmeralda
 PERMIT NO. N/A Parcel No. 17-374-02 Subdivision Name _____
 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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>10</u>	<u>10'</u>
<u>Sand, Clay</u>		<u>10</u>	<u>23</u>	<u>13'</u>
<u>Coarse Sand</u>		<u>23</u>	<u>46</u>	<u>23'</u>
<u>Clay</u>		<u>46</u>	<u>30</u>	<u>8'4"</u>
<u>Sand, Clay</u>		<u>130</u>	<u>138</u>	<u>8"</u>
<u>Coarse Sand</u>		<u>138</u>	<u>149</u>	<u>11'</u>
<u>Clay</u>		<u>149</u>	<u>159</u>	<u>10'</u>

8. WELL CONSTRUCTION
 Depth Drilled 158 Feet Depth Cased 159 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/8 Inches To 158 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 3/8</u>	<u>13</u>	<u>1.88</u>	<u>41</u>	<u>158</u>

Perforations:
 Type perforation Turn Cut
 Size perforation 3/16 x 6" x 6" #40 nose part
 From 138 feet to 148 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50' feet to 159' feet

9. WATER LEVEL
 Static water level 40' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 1/8/94, 19____
 Date completed 1/9/94, 19____

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>60</u>	<u>2'</u>	<u>1/4 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 Green Drilling Inc Contractor
 Address PO Box 599 Contractor
SS, NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1896
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 1/10/94