

OFFICE USE ONLY
Log No. 64642
Permit No. _____
Basin 061

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. 34103

1. OWNER James Kline ADDRESS AT WELL LOCATION Emigrant Springs
MAILING ADDRESS Box 553 Carson NV 89822

2. LOCATION NE 1/4 NW 1/4 Sec 32 T. 32 S. R. 50 E. Esmeralda County
PERMIT NO. 4-340-27 Parcel No. _____ Subdivision Name EMIGRANT PASS

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
<u>TOP Soil</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Sand Gravel</u>		<u>2</u>	<u>9</u>	<u>7</u>
<u>Sand clay</u>		<u>9</u>	<u>42</u>	<u>33</u>
<u>Granite</u>		<u>42</u>	<u>158</u>	<u>116</u>
<u>Fractured Granite</u>	<u>X</u>	<u>158</u>	<u>163</u>	<u>15</u>
<u>Granite</u>		<u>163</u>	<u>170</u>	<u>7</u>

8. WELL CONSTRUCTION
Depth Drilled 170 Feet Depth Cased 170 Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 Inches 0 Feet 170 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>188</u>	<u>0</u>	<u>170</u>

Perforations:
Type perforation FOC
Size perforation _____
From 120 feet to 160 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 100 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 100 feet to 170 feet

9. WATER LEVEL
Static water level 27 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 9-11-1996
Date completed 9-15-1996

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>20</u>	<u>40</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 AAA Drilling Contractor
Address P.O. Box 2487 Contractor
Elko NV
Nevada contractor's license number issued by the State Contractor's Board: 0020684
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1438
Signed Shane Bennett
By driller performing actual drilling on site or contractor
Date 9-15-96

RECEIVED
27 JUN 17 AM 11:40
STATE ENGINEER'S OFFICE