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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. 35289

1. OWNER Richard Matthews ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 687 6th ST 4th AND McARTHUR ST
ELKO NV 89801 Lot 8
 2. LOCATION SW 1/4 NW 1/4 Sec. 22 T. 22 R. 55 E ELKO County
 PERMIT NO. _____
 Issued by Water Resources 27-040-08-9 Parcel No. _____
 Subdivision Name Lucky Nugget #1

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	5	5
Clay with large cobbles		5	45	40
Sandy clay		45	100	55
Sand + small gravel with clay layers	X	100	250	150
Clay		250	260	10

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased 260 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11 Inches 0 Feet 260 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>1 1/8</u>	<u>0</u>	<u>260</u>

Perforations:
 Type perforation mill slot
 Size perforation _____
 From 210 feet to 250 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 30 feet to 260 feet

9. WATER LEVEL
 Static water level 104 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °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 AAA Drilling Co Contractor
 Address Box 2429 Contractor
ELKO NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 20684
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1783
 Signed Larry R. Osfield
 By driller performing actual drilling on site or contractor
 Date 11-3-96

Date started 96 NOV 19 1996
 Date completed 10 23 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>15</u>		<u>1 1/2</u>

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