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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. 32368

1. OWNER ARDIS HULL ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Box 67
EUREKA, NEV. 89316
 2. LOCATION NW 1/4 NW 1/4 Sec 22 T 17 N 54 E WHITE PINE County
 PERMIT NO. 32713 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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	Thick-ness
Top Soil		0	4	4
Clay (HARD)		4	12	8
Consolidated gravel		12	32	20
Clay (HARD)		32	40	8
Grey clay		40	46	6
Consolidated sand and rock		46	60	14
Grey clay		60	67	7
Sand and gravel	113	67	180	113
Hard clay		180	181	1
Gravel and Rock	37	181	218	37
Clay		218	223	5

8. WELL CONSTRUCTION
 Depth Drilled 223 Feet Depth Cased 223 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
22 Inches TOP Feet 50 Feet
16 Inches 50 Feet 223 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14		1/4	TOP	223

Perforations:
 Type perforation TORCH CUT
 Size perforation 1/4"
 From 65 feet to 218 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 223 feet

9. WATER LEVEL
 Static water level 67 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WALT PLASKETT Contractor
 Address Box 10 Contractor
EUREKA, NV 89316
 Nevada contractor's license number issued by the State Contractor's Board 11882
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 635 & 630T-1
 Signed James E. Smith license # 635
 By driller performing actual drilling on site or contractor
 Date 3-25-96

Date started 1-30-96, 19____
 Date completed 3-1-96, 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 type="checkbox"/> Air Lift			