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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 INTEREST NO. 31099

1. OWNER Jock Bradie ADDRESS AT WELL LOCATION Rolling Hills
 MAILING ADDRESS #10 Bartlett
Elko NV 89801
 2. LOCATION NW 1/4 SW 1/4 Sec 2 T 33 0S 56E Elko County
 PERMIT NO. 06-30A-07-9 Rolling Hills Subdivision Name
 Issued by Water Resources Parcel No.

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	3	3
Clay		3	50	47
Clay with sand and small gravel	X	50	160	110
Clay		160	170	

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 1/2 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>6 7/8</u>		<u>188</u>	<u>0</u>	<u>170</u>

Perforations:
 Type perforation Mill Slat
 Size perforation _____
 From 140 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 68 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 68 °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 AAA Drilling Co Contractor
 Address Box 2487 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-7-96

Date started 5-30 1996
 Date completed 6-1 1996

7. WELL TEST DATA

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