

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 16237
Permit No. _____
Bath _____
NOTICE OF INTENT NO. 8995

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

1. OWNER Aerajit General Corp - ADDRESS AT WELL LOCATION Coyote Spring Valley
MAILING ADDRESS _____
2. LOCATION NE 1/4 NW 1/4 Sec 3 T 12 N R 63 E Lincoln County
PERMIT NO. W-2043 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other TEST
4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty Sand</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>Volcanics</u>		<u>15</u>	<u>80</u>	<u>65</u>
<u>Cemented gravel with layers of sand & gravel</u>		<u>80</u>	<u>150</u>	<u>70</u>
<u>Silty Sand</u>		<u>150</u>	<u>170</u>	<u>20</u>

TEST Note totally dry
Cemented from bottom to top
according to State spec's

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 150 Neat Cement
Placement Method: Pumped Poured Cement Grout Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

RECEIVED

JUL 17 1992

Div. of Water Resources
Branch Office - Las Vegas, NV

Date started 5-27, 1992
Date completed 5-28, 1992

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			

9. WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °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 Mitchell Enterprises Contractor
Address 630 Betty Contractor
Las Vegas, NV 89124
Nevada contractor's license number issued by the State Contractor's Board 27030
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1475
Signed Dean Mitchell
By driller performing actual drilling on site or contractor
Date May 30, 1992