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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. 36294

1. OWNER John DINSMORE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO box 2813
ELKO, NV 89803
 2. LOCATION SW 1/4 SE 1/4 Sec. 6 T. 33 N. R. 58 E. ELKO County
 PERMIT NO. 07-08A-10-2 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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	5	5
Sand, Gravel		5	100	95
Sand, Gravel, Pyrite X		100	145	45
Sand, Gravel, Clay, Pyrite		145	155	10
Sand, Gravel, Pyrite		155	175	20
Sand, Gravel, Clay, Pyrite		175	180	5
Sand, Gravel, Pyrite		180	220	40

State Contractors # is wrong should be 203684 TFS HHH

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 220 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 5/8</u>		<u>.188</u>	<u>-1</u>	<u>220</u>

Perforations:
 Type perforation Mill Slot
 Size perforation Factory
 From 195 feet to 215 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 220 feet

9. WATER LEVEL
 Static water level 77 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 AAA Drilling and Pump
 Address 3359 Last Chance Rd.
ELKO, NV. 89801
 Nevada contractor's license number issued by the State Contractor's Board 0038169
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2053
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 5-20-97

Date started 5-15 1997
 Date completed 5-20 1997

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>18 (10) ft</u>	