

OFFICE USE ONLY
 Log No. 67623
 Permit No. _____
 Basin 048

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 76431

1. OWNER Michael Wilson ADDRESS AT WELL LOCATION Bk A Lot 11
 MAILING ADDRESS P.O. Box 5484 Tobiano Rd Spring Creek NV
Elko NV 89802

2. LOCATION NE 1/4 SW 1/4 Sec 23 T 33 S R 56 E Elko County
 PERMIT NO. 79-001-11-1 Parcel No. Ruby Mt Estates 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	2	2
Caliche		2	6	4
sand gravel		6	24	18
clay sand		24	115	91
gravel sand	X	115	154	37
clay		154	160	

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>188</u>	<u>0</u>	<u>188</u>

Perforations:
 Type perforation Fuc
 Size perforation
 From 130 feet to 150 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 160 feet

9. WATER LEVEL
 Static water level 63 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 Steve Well Services Contractor
 Address P.O. Box 10 Contractor
Elko NV
 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 1438
 Signed Shir Bennett
 By driller performing actual drilling on site or contractor
 Date June 16 - 97

Date started June - 16, 1997
 Date completed June - 16, 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>407</u>	<u>0</u>	<u>2</u>