

OFFICE USE ONLY
 Log No. 67639
 Permit No. _____
 Basin 137B
 NOTICE OF INTENT NO. 32841

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

1. OWNER ROBERT STEVENSON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS HC 65 Box 13 LOT 15 BALL COURT
GILLMAN SPRINGS AUSTIN NEV 89310 GILLMAN SPRINGS AUSTIN NEV 89310
 2. LOCATION NW 1/4 NE 1/4 Sec 10 T 16 N/S R 44 E LANDER County _____
 PERMIT NO. 04-021-16 GILLMAN SPRINGS RANCH
 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
GREEN CLY		0	18	18
GRAVEL		18	21	3
GREEN CLY		21	36	15
SAND		36	42	6
GREEN CLY		42	78	36
GRAVEL	X	78	81	3
BROWN CLY		81	86	5
GRAVEL	X	86	93	8
BROWN CLY		93	108	15
FINE GRAVEL		108	112	4
GREEN CLY		112	121	9
BROWN CLY		121	145	24
GRAVEL	X	145	168	23
BROWN CLY		168	170	2

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50 Feet
8 3/4 Inches 50 Feet 170 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>12.9</u>	<u>.188</u>	<u>+2</u>	<u>170</u>

Perforations:
 Type perforation MILLED
 Size perforation 3 X 7/8
 From 150 feet to 170 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow NO G.P.M. 60 P.S.I.
 Water temperature 60.0 °F Quality GOOD

Date started 4-22 1997
 Date completed 4-23 1997

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 checked="" type="checkbox"/> Air Lift	<u>60</u>	<u>60</u>	<u>5 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WOYTEK DRILLING CO. INC. Contractor
 Address 2220 STONE DR Contractor
RENO NEVADA 89511
 Nevada contractor's license number issued by the State Contractor's Board 024521A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1442
 Signed Thomas M Harris
 By driller performing actual drilling on site or contractor
 Date 4-23-97

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 97 MAY 12 AM 11:05
 STATE ENGINEERS OFFICE