

OFFICE USE ONLY
 Log No. 67906
 Permit No. _____
 Basin 53

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. 366H

1. OWNER Jim Bailey ADDRESS AT WELL LOCATION PINE VALLEY
 MAILING ADDRESS HC 65 Box 22
PINE VALLEY CARLIN NV 89822
 2. LOCATION SE 1/4 SE 1/4 Sec. 21 T. 30 N. R. 52 E. Eureka County
 PERMIT NO. 005-390-02 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	Thickness
Loam		0	2	2
Brown SANDSTONE		2	48	46
White SANDSTONE		48	65	17
White CLAY		65	87	22
Brown SANDSTONE		87	90	3
BROWN CLAY		90	152	62
Brown SANDSTONE		152	165	12
Loose Gravel	X	165	167	2
Brown CLAY		167	190	23
Brown SANDSTONE		190	199	9
Grey CLAY		199	226	27
Grey SANDSTONE		226	232	6
Grey CLAY		232	241	9
SAND & Gravel	X	241	250	9

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/8 Inches To 0 Feet 250 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 3/4</u>	<u>12.92</u>	<u>1 5/8</u>	<u>72</u>	<u>250</u>

Perforations:
 Type perforation mill slot
 Size perforation 3/16 x 3'
 From 230 feet to 250 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 51 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 51 feet to 250 feet

9. WATER LEVEL
 Static water level 150 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

Date started 8-26, 1997
 Date completed 8-29, 1997

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>APPROX</u>	<u>40</u>		<u>4.5</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FERTIG DRILLING CO Contractor
 Address P.O. Box 525 Contractor
Eiko NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 0031904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shaulc Fertig
 By driller performing actual drilling on site or contractor
 Date 9-1-97