

OFFICE USE ONLY
Log No. 68233
Permit No. _____
Basin. 049

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. 30122

1. OWNER Bill CRANE ADDRESS AT WELL LOCATION Lot 10-B
MAILING ADDRESS 19 W Hammon Blvd
SAGINAW MI 48602

2. LOCATION NE 1/4 SW 1/4 Sec 25 T 34 N/S R 55 E EIKO County _____
PERMIT NO. _____ Parcel No. PAR-2 Subdivision Name EIKO Summit ESTATES
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
Loam		0	5	5
CLAY		5	54	49
Broken Shale Brown	X	54	57	3
Brown Shale		57	94	37
Clay		94	106	12
Broken Brown Shale	X	106	140	34

8. WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
From To
12 3/4 Inches 0 Feet 140 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>3 3/8</u>	<u>16.94</u>	<u>1.88</u>	<u>+2</u>	<u>140</u>

Perforations:
Type perforation slots
Size perforation 3/16 x 3"
From 100 feet to 140 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 53 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 53 feet to 140 feet

9. WATER LEVEL
Static water level 53 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature Cold °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 Fertig Drilling Co Contractor
Address P.O. Box 525 Contractor
EIKO NV 89503
Nevada contractor's license number issued by the State Contractor's Board 31904
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
Signed Shouk Tugay
By driller performing actual drilling on site or contractor
Date 7-2-96

Date started 6-7, 1996
Date completed 6-11, 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Approx 75	75	27	8.5 <u>8.5</u> <u>air</u>
Approx 75	75	27	8.5 <u>8.5</u> <u>pump</u>
Approx 75	75	27	8.5 pump
100 GPM			2.5 AIR