

OFFICE USE ONLY
 Log No. 68542
 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. 22687

1. OWNER BILL CRANE ADDRESS AT WELL LOCATION Lot 4 A
 MAILING ADDRESS 19 W. HAMMON BLVD North West End of Eiko Vista Dr
SACINAW NE 48602
 2. LOCATION 1/4 NW 1/4 Sec 25 T. 34 N/S R. 50 E EIKO County
 PERMIT NO. _____ Lot 4 A EIKO Summit Estates Subdivision Name
 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	1	1
Clay		1	52	51
Gravel	X	52	53	1
Cream color clay		53	161	108
Brown shale		161	198	37
Fracture Brown shale	X	198	212	14

8. WELL CONSTRUCTION
 Depth Drilled 212 Feet Depth Cased 212 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 212 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</u>	125	<u>250</u>	<u>72</u>	<u>212</u>

Perforations:
 Type perforation slots
 Size perforation 3/16 x 3'
 From 192 feet to 212 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 54 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 212 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 _____

Date started 5-3, 1996
 Date completed 5-7, 1996

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>35</u>		<u>3:00</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fentig Drilling Co Contractor
 Address PO Box 525 Contractor
Eiko NV 89801
 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 Shelby Fentig
 By driller performing actual drilling of site or contractor
 Date 5-13-96