

OFFICE USE ONLY
Log No. **68581**
Permit No. _____
Basin **64**

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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. **34718**

1. OWNER **Ripley Oil Co**
MAILING ADDRESS **345 N. 1st**
BATTLE Mtn NV

ADDRESS AT WELL LOCATION **345 N. 1st**
Btl. Mtn. NV (AREA)

2. LOCATION **NW 1/4 SW 1/4 Sec 17 T 32 N R 45 E LANDER** County
PERMIT NO. **MO-7-11 (741A)**
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 **MSA**

6. LITHOLOGIC LOG

| MW-1 | Material | Water Strata | From | To | Thickness |
|------|---|--------------|------|----|-----------|
| | PULL COVER | | | | |
| | RUN A ROD | | | | |
| | BREAK BOTTOM END OFF OF PVC PIPE | | | | |
| | PUMP CEMENT FROM BOTTOM UP TO GS | | | | |
| | PULL ALL PVC | | | | |
| | PUMP CEMENT TO GS | | | | |
| | CONCRETE @ GS | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| Inches | Feet | Feet |
|------------|----------|-------|
| From _____ | To _____ | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2.37" | | SCH 40 | 0 | 5 |

Perforations:

Type perforation _____

Size perforation _____

| From | feet to | feet |
|----------|-----------|-------|
| 5 | 20 | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Surface Seal: Yes No Seal Type: Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **20**

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL

Static water level **8' +/-** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started **7.25**, 19**97**
Date completed _____, 19**97**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **NEVADA DRILLING TRK** Contractor
Address **75 LEWERS CREEK RD**
CARSON CITY NV 89704 Contractor

Nevada contractor's license number issued by the State Contractor's Board **13697A**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1902**

Signed **John S. Smith**
Driller performing actual drilling on site or contractor
Date **8.11.97**