



Log No. 68583
Permit No. _____
Basin 64

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. 34718

1. OWNER Ripley Oil Co. ADDRESS AT WELL LOCATION 345 N. 1st ST
MAILING ADDRESS 345 N. 1st BATTLE MOUNTAIN (AREA)
2. LOCATION NW 1/4 SW 1/4 Sec. 17 T. 32 N. R. 45 E. LANDER County
PERMIT NO. MO 741 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 USA

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|--------------|------|----|-----------|
| <u>MW-2</u> | | | | |
| <u>PULL COVER</u> | | | | |
| <u>RUN A ROD</u> | | | | |
| <u>BREAK BOTTOM END OFF OF PVC PIPE</u> | | | | |
| <u>PUMP CEMENT FROM BOTTOM UP TO GS</u> | | | | |
| <u>PULL ALL PVC</u> | | | | |
| <u>PUMP CEMENT TO GS</u> | | | | |
| <u>CONCRETE SURFACE</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:

Type perforation _____

Size perforation _____

From 5 feet to 20 feet

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement

Depth of Seal 20 Cement Grout

Placement Method: Pumped Poured Concrete Grout

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, 1997

Date completed _____, 1997

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, Inc. Contractor

Address 75 Lewers creek RD Contractor
CARSON CITY NV 89704

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 B. Kish
Driller performing actual drilling on site or contractor

Date 8.11.97

RECEIVED
27 AUG 14 PM 2:00
STATE ENGINEERS OFFICE