

OFFICE USE ONLY
 Log No. 69865
 Permit No. _____
 Basin 162

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. 15347

1. OWNER Couyah, D.B.E. cont. ADDRESS AT WELL LOCATION No. 5th & D
 MAILING ADDRESS Pah. IN THIS AREA

2. LOCATION NE 1/4 NE 1/4 Sec 31 T. 20 N. S. 53 E. Nye County
 PERMIT NO. 36-471-34 Issued by Water Resources Parcel No. na 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	Thick-ness
<u>sandy soil</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>Grey Clay</u>		<u>7</u>	<u>20</u>	<u>13</u>
<u>Brown clay</u>		<u>20</u>	<u>28</u>	<u>8</u>
<u>Sticky Gt Clay</u>	<input checked="" type="checkbox"/>	<u>28</u>	<u>110</u>	<u>82</u>
<u>LT. Br. Clay</u>	<input checked="" type="checkbox"/>	<u>110</u>	<u>125</u>	<u>15</u>
<u>Grey Clay</u>	<input checked="" type="checkbox"/>	<u>125</u>	<u>160</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 160 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>		<u>PUC</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Saw
 Size perforation 8 x 4"
 From 130 feet to 150 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 160 feet

9. WATER LEVEL
 Static water level 44' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality Good

Date started 10 - 28 1997
 Date completed 12 - 8 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>0</u>	<u>1/2</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Habys water well service Contractor
 Address P.O. Box 3392 Contractor
Rat. NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 0035901
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1916
 Signed Larry Jenkins
 By driller performing actual drilling on site or contractor
 Date 12-28-97

