

OFFICE USE ONLY
 Log No. 70841
 Permit No. _____
 Basin. 34

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. 35966

1. OWNER William Kappala ADDRESS AT WELL LOCATION 8 mi. North of Crescent Valley
 MAILING ADDRESS P.O. Box 1109 Crescent Valley NV 89821
 2. LOCATION S.W. 1/4 NE 1/4 Sec. 11 T 30 N 48 E R 40 County Esmeralda
 PERMIT NO. _____ 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	2	2
CLAY		2	8	6
Hard Rock		8	21	13
CLAY		21	23	2
Hard Rock		23	27	4
CLAY		27	51	24
Hard Rock		51	60	9
Gravel	X	60	72	12
CLAY		72	78	6
Gravel	X	78	81	3
BROWN SAND STONE		81	100	19
Hard Rock		100	101	1
BROWN SAND STONE		101	134	33
Gravel	X	134	152	18

8. WELL CONSTRUCTION
 Depth Drilled 152 Feet Depth Cased 152 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 152 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 3/4</u>	<u>12.92</u>	<u>188</u>	<u>+2</u>	<u>152</u>

Perforations:
 Type perforation mill slots
 Size perforation 3/16 x 3"
 From 132 feet to 152 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement Cement Grout Concrete Grout
 Depth of Seal 53
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 53 feet to 152 feet

9. WATER LEVEL
 Static water level 48 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-23 1997
 Date completed 1-18 1998

7. WELL TEST DATA

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>APORN</u>	<u>60</u>	<u>4.5</u>	

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 20 Box 525 Contractor
ELKO NV 89803
 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 Shovel C. Fertig
 By driller performing actual drilling on site or contractor
 Date 2-5-98