

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 76637
 Permit No. 57
 Basin 57
 NOTICE OF INTENT NO. **38931**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Alex Vanderstoel** ADDRESS AT WELL LOCATION **Antelope Valley**
 MAILING ADDRESS **HC61 Box195**
Battle Mnt. NV 89820

2. LOCATION **SW 1/4 NW 1/4 Sec. 6 T 24N N/S R 41E E Lander** County
 PERMIT NO. **19368** 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
Gravel & Clay		0	110	110
Clay		110	140	30
Sand & Gravel		140	163	23
Gravel & Clay		163	200	37
Gravel & Clay		200	210	10
Sand & Gravel		210	219	9
Clay & Gravel		219	225	6
Gravel & Sand		225	228	3
Gravel & Clay		228	231	3
Gravel & Sand	x	231	239	8
Gravel & Clay		239	247	8
Gravel & Sand	x	247	253	6
Gravel & Clay		253	267	14
Sand & Gravel	x	267	279	12
Clay & Gravel		279	307	28
Sand & Gravel	x	307	329	22
Clay & Gravel		329	335	6
Sand & Gravel	x	335	343	8
Sand & Gravel		343	356	13
Sand & Gravel	x	356	364	8
Clay		364	377	13
Sand & Gravel	x	377	391	14
Clay		391	393	2
Sand & Gravel	x	393	404	11
Clay		404	408	4
Sand & Gravel	XX	408	414	6
Clay		414	416	2

8. WELL CONSTRUCTION
 Depth Drilled **416** Feet Depth Cased **416** Feet

HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **416** Feet
 From **0** Feet To **416** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16		.250	0	416

Perforations:
 Type perforation **mill Cut**
 Size perforation **1/8**

From **200** feet to **416** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Parsons Drilling, Inc** Contractor
 Address **P.O. Box 1265** Contractor
Fallon, NV 89407
 Nevada contractor's license number issued by the State Contractor's Board **29064**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1715**
 Signed **Doug Parsons**
 By driller performing actual drilling on-site or contractor
 Date **08/13/98**

Date started **8/13/98**, 19____
 Date completed **8/13/98**, 19____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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