

PRINT OR TYPE ONLY
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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. 10001

1. OWNER Mon Pa Blvd of Pinkers ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
Mon Pa Nevada
 2. LOCATION SW 1/4 SW 1/4 Sec 31 T 16 N/S R 65 E County _____
 PERMIT NO. 65117 - W 512 068-00-002-014
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 | Thick-ness |
|-----------------------------------|-----------------|------------|-------------|-------------|
| <u>Sand & Clay</u> | | <u>0</u> | <u>200</u> | <u>200</u> |
| <u>Brown-Grey Clay</u> | | <u>200</u> | <u>1300</u> | <u>1100</u> |
| | <u>NO water</u> | | | |
| <u>Filled with</u> | | | | |
| <u>Washed 3/8 Gravel</u> | | | | |
| <u>24 Ft. Concrete Grout Seal</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 1300 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From 1 1/2 Inches To 0 Feet 1300 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____ feet to _____ feet

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

Date started 6-25 1999
 Date completed 7-21 1999

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |

NO water in this BORE Hole

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor _____
 Address _____ Contractor _____

Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1475

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-4-99