

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. **19065**

1. OWNER **Ed Veloz** ADDRESS AT WELL LOCATION **4650 S. Melissa Ave**
 MAILING ADDRESS **4650 S. Melissa Ave**
Phump, NV 89048

2. LOCATION **SW 1/4 NE 1/4 Sec. 2 T 215 N/S R. 53 E Nye** County **Nye**
 PERMIT NO. **44-841-12** Subdivision Name **Valley View Estates**
 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 |
|------------|--------------|------|------|------------|
| clay | | 0 | 5 | 5' |
| white clay | | 5' | 15' | 10' |
| caliche | | 15' | 20' | 5' |
| white clay | | 20' | 55' | 35' |
| caliche | | 55' | 60' | 5' |
| white clay | | 60' | 100' | 40' |
| brown clay | | 100' | 130' | 30' |
| caliche | | 130' | 135' | 5' |
| brown clay | | 135' | 140' | 5' |

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

HOLE DIAMETER (BIT SIZE)
 From To
12 Inches **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6.625 | 4.33 | .314 | | |

Perforations:
 Type perforation..... **3/4" cut**
 Size perforation..... **1/2" x 3"**
 From **100** feet to **140** feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **30'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No **140**
 From **55** feet to..... feet

9. WATER LEVEL
 Static water level..... **25** feet below land surface
 Artesian flow..... G.P.M. P.S.I.
 Water temperature..... °F Quality.....

Date started..... **October 19**, 19 **99**
 Date completed..... **November 8**, 19 **99**

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 | | | |

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

Name **Lois Nailon Drilling** Contractor
 Address **P.O. Box 265** Contractor
Phump, NV 89041

Nevada contractor's license number **0035704**
 issued by the State Contractor's Board.....
 Nevada driller's license number issued by the **2116**
 Division of Water Resources, the on-site driller.....

Signed **Lois Nailon**
 By driller performing actual drilling on site or contractor
 Date **November 18, 1999**

