

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 78852
 Permit No. 44
 Basin 44

NOTICE OF INTENT NO. 39-27

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER **THOMAS BILBAO** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **BOX 537**
ELKO, NV 89803
 2. LOCATION **SESW** 1/4 **SWSE** 1/4 Sec. **34** T **35N** N/S R **57E** E **ELKO** County
 PERMIT NO. **65281** LOT 2 MVR#12
 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
SANDY LOAM		0	6	6
SAND & GRAVEL	X	6	16	10
BLUISH GREEN SANDSTONE		16	180	164
BLUE CLAY		180	220	40
BLACK SAND	X	220	222	2
BLUE CLAY		222	240	18
BLACK SAND	X	240	245	5
BLUE CLAY		245	258	13
BROKEN BLACK SANDSTONE	X	258	300	42

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From To
17 1/2 Inches **0** Feet **300** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12 3/4"	33.38	250	+2	300

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/16 X 3**

From **200** feet to **300** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **102** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **102** feet to **300** feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow **20** G.P.M. **8** P.S.I.
 Water temperature **WARM** °F Quality

Date started **12/31/99**, 19____
 Date completed **1/28/00**, 19____

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 checked="" type="checkbox"/> Air Lift	600		12 HRS

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 Company** Contractor
 Address **P.O. 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 Shaul C. Fertig
 By driller performing actual drilling on-site or contractor
 Date **2-3-2000**