

OFFICE USE ONLY
 Log No. **80605**
 Permit No. _____
 Basin **117**



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 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. **32365**

1. OWNER **Bob Moss** ADDRESS AT WELL LOCATION **HC 72 Box 4800**
 MAILING ADDRESS **731 Providence Ave**
Burbank, CA 91501 **Dyer, NV 89010**

2. LOCATION **SE 1/4 NE 1/4 Sec 1 T 4 N/S R. 35 E Esmeralda** County
 PERMIT NO. **07-411-02** 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
Sand & Sm Amt clay	no	0	10	10'
1/2 to 1/4" Qtz Rck w/ sand	no	10	20	10'
Grey clay & 1/4" qtz sand	no	20	40	20'
Brown clay & gravel	no	40	80	40'
Sandy clay & rock	no	80	110	30'
Clay & 4" rocks	yes	110	132	22'
6" rocks	yes	132	145	13'
2" & less rocks	yes	145	155	10'
Clay w/ some gravel	yes	155	178	23'
2' Boulder	yes	178	180	2'
Sand & rocks	yes	180	210	30'
Loose rocks	yes	210	224	14'
Consolidated sands	yes	224	248	24'
4" rocks & sand	yes	248	258	10'
Coarse sand	yes	258	262	4'

8. WELL CONSTRUCTION
 Depth Drilled **262** Feet Depth Cased **260** Feet

HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **262** Feet
9 7/8 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		SDR 21	0	260

Perforations:
 Type perforation **Saw cut**
 Size perforation **3" X 1 1/16"**
 From **150** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Bentonite grout

Gravel Packed: Yes No
 From **55** feet to **260** feet

9. WATER LEVEL
 Static water level **118** feet below land surface
 Artesian flow _____ G.P.M. **1 P.S.I.**
 Water temperature **58** °F Quality **good**

Date started **3-21-2000**, 19_____
 Date completed **3-24-2000**, 19_____

7. WELL TEST DATA

TEST METHOD:	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)
150'	30		1
250'	75		1

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Maranatha Drilling & Pump Service** Contractor
 Address **22893 Hwy 6**
Benton, CA 93512
 Nevada contractor's license number **XXXX 039576**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1238**
 Division of Water Resources, the on site driller
 Signed **Russell Kil**
 By driller performing actual drilling on site or contractor
 Date **6-27-00**