

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 31800
 Permit No. 53
 Basin T
 NOTICE OF INTENT NO. 45384

PRINT OR TYPE ONLY
 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

1. OWNER **JULIAN TOMERA RANCHES, STONEHOUSE DIV**
 MAILING ADDRESS **PINEVALLEY**
CARLIN, NV 89822

ADDRESS AT WELL LOCATION
16 MILES SOUTH OF CARLIN ON HWY 278

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **33** T **31N** N/S R **52E** E **EUREKA** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
LOAM		0	3	3
CLAY		3	163	160
GRAVEL	X	163	167	4
CLAY		167	200	33
GRAVEL	X	200	201	1
CLAY		201	235	34
GRAVEL	X	235	238	3
CLAY		238	249	11

8. WELL CONSTRUCTION
 Depth Drilled **249** Feet Depth Cased **249** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **249** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	188	+2	249

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/16" X 3"**
 From **225** feet to **249** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **56** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **56** feet to **246** feet

9. WATER LEVEL
 Static water level **120** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality _____

Date started **9/12/00**, 19____
 Date completed **9/13/00**, 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	20		3.5

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 *Shelley Fertig*
 By driller performing actual drilling on-site or contractor
 Date **9-20-00**