

OFFICE USE ONLY
 Log No. 82706
 Permit No. _____
 Basin. _____
 NOTICE OF INTENT NO. 45466

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 Bob Scott ADDRESS AT WELL LOCATION 835 Beeghly
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec 31 T. 19 N/S R. 29 E Churchill County
 PERMIT NO. 010-131-02 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
Clay		0	5	5
Sand		5	40	35
Clay		40	85	45
Sand		85	105	20
Clay		105	130	25
Sand	Y	130	140	10

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12" Inches To 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)
<u>6"</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation SLOTS
 Size perforation 1/8 x 3
 From 135 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 570 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 135 feet to 140 feet

9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality unknown

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FARKIS DRILLING Contractor
 Address P.O. Box 5205 Contractor
Fallon, NV 89407
 Nevada contractor's license number issued by the State Contractor's Board 43145
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-10-00

Date started 11-14-00
 Date completed 11-15-00

7. WELL TEST DATA

TEST METHOD:	Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/>		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>25</u>	<u>10</u>	<u>4</u>