

OFFICE USE ONLY
 Log No. 85385
 Permit No. _____
 Basin 59
 NOTICE OF INTENT NO. 47392

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 Jose C Diaz ADDRESS AT WELL LOCATION 1586 - 1800 East
 MAILING ADDRESS 260 Lemann Road Battle Mtn NV 89820
 2. LOCATION SE 1/4 NE 1/4 Sec 4 T 31 N/S R. 45 E Landex County
 PERMIT NO. 11-250-32 Parcel No. _____ Subdivision Name N/A
 Issued by Water Resources

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	10	10
Gravel & sand		10	50	40
Brown Hard Clay		50	60	10
Gravel & Sand		60	75	15
Green Clay & Sand		75	80	5
0-20- Cement Grout				
20-50- Bentonite Grout				
50-80- Cement pack				
Casing				
+3-60' Blank casing				
60-80' Mill slot				
1/8 x 3" slot				

8. WELL CONSTRUCTION
 Depth Drilled 80' Feet Depth Cased 80' Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12" Inches 0 Feet 20 Feet
10" Inches 20 Feet 80 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 1/4"</u>	115	<u>1 3/8</u>	<u>+7</u>	<u>80</u>

Perforations:
 Type perforation Mill slot
 Size perforation 1/8 x 3"
 From _____ feet to _____ feet
 From Slotted 60 feet to 80 feet
 From Blank 0 feet to 60 feet
 From Weld 3' casing feet to _____ 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 50 feet to 80 feet

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

Date started Jan 5 1902
 Date completed Jan 12 1902

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>35</u>	<u>10'</u>	<u>1 Hr.</u>
<u>Pumped</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Floyd Peterson Contractor
 Address Box 547 Contractor
Battle Mtn NV 89820
 Nevada contractor's license number issued by the State Contractor's Board 5029456
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1785
 Signed Floyd Peterson driller performing actual drilling on site or contractor
 Date Jan-12-2002