

WELL DRILLER'S REPORT

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

Log No. 88020  
 Permit No. 1378  
 Basin 376  
 NOTICE OF INTENT NO. 48269

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER Young Brothers ADDRESS AT WELL LOCATION 6 miles s.on Hwy 50  
 MAILING ADDRESS HC 65 Box A 3/4 mile East on Hwy 388, Smokey Valley, NV  
Austin, NV 89310  
 2. LOCATION NW 1/4 NE 1/4 Sec. 18 T 17N N/S R 45E E Lander County  
 PERMIT NO. 66538 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
Gravel & Cobble Stone		0	55	55
Clay		55	65	10
Cobble Stone		65	70	5
Clay		70	73	3
Gravel w/clay stringers			105	32
gravel w/cobble stone		105	140	35
gravel		140	177	37
brown clay		177	190	13
gravel w/clay stringers			412	222
cobble stone	XX	412	421	9
gravel	XX	421	465	44
cobble stone	XX	465	470	5

8. WELL CONSTRUCTION  
 Depth Drilled 470 Feet Depth Cased 470 Feet  
 HOLE DIAMETER (BIT SIZE)  
24 Inches From 0 Feet To 470 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18	47.40	.250	0	150
16	42.10	.250	150	470

Perforations:  
 Type perforation Mill Cut  
 Size perforation 3/16  
 From 150 feet to 470 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 470 feet

9. WATER LEVEL  
 Static water level 176 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality unknown

Date started 02/24/2002, 19\_\_\_\_  
 Date completed 03/04/2002, 19\_\_\_\_

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)
	3000	172	1.5hr

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Parsons Drilling, Inc. Contractor  
 Address P.O. Box 1265 Contractor  
Fallon Nv. 89407  
 Nevada contractor's license number issued by the State Contractor's Board 29064  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753  
 Signed Norman Parsons  
 By driller performing actual drilling on-site or contractor  
 Date 03/18/2002