

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.300

Log No. 88196
 Permit No. 049
 Basin 049
 NOTICE OF INTENT NO. 44987

1. OWNER CARLOS CORREA ADDRESS AT WELL LOCATION None
 MAILING ADDRESS unk

2. LOCATION N.W. 1/4 N.W. 1/4 Sec. 7 T. 34 S. R. 56 E. ELKO County
 PERMIT NO. N/A LOT 3, BLK F LAST CHANCE RANCH, UNIT #3
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
<u>Sand, clay, gravel</u>	<u>seep</u>	<u>0</u>	<u>45</u>	<u>45</u>
<u>Yellow clay</u>		<u>45</u>	<u>50</u>	<u>5</u>
<u>Blue clay</u>		<u>50</u>	<u>130</u>	<u>80</u>
<u>Soft blue gray shale</u>		<u>130</u>	<u>182</u>	<u>52</u>
<u>Soft black sandstone</u>	<u>uv</u>	<u>182</u>	<u>202</u>	<u>20</u>
<u>Soft Blue gray shale</u>		<u>202</u>	<u>212</u>	<u>10</u>

8. WELL CONSTRUCTION
 Depth Drilled 212 Feet Depth Cased 212 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10</u>	<u>0</u>	<u>53</u>
<u>8</u>	<u>53</u>	<u>200</u>
<u>6</u>	<u>200</u>	<u>212</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.92</u>	<u>.188</u>	<u>+1</u>	<u>212</u>

Perforations:
 Type perforation torch cut
 Size perforation.....
 From 180 feet to 208 feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet
 From..... feet to..... feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 57
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 57 feet to 200 feet

9. WATER LEVEL
 Static water level 65 feet below land surface
 Artesian flow No G.P.M. P.S.I.
 Water temperature cold °F Quality fair

Date started 9-25-02, 19.....
 Date completed 10-03-02, 19.....

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>25</u>	<u>1hr</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name MUTH DRILLING Co. Contractor
 Address 203 PINE ST Contractor
ELKO, NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 632
 Signed James V. Muth
 By driller performing actual drilling on site or contractor
 Date.....