

OFFICE USE ONLY
 Log No. 90877
 Permit No. _____
 Basin. 79

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

NOTICE OF INTENT NO. 43198

1. OWNER Vincent Windows ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 151006 _____
East Ely NV 89315 _____
 2. LOCATION NE 1/4 SE 1/4 Sec 25 T. 17 N/S R. 63 E White Pine County
 PERMIT NO. NA 10-290-57 Parcel No. _____ Subdivision Name _____
 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
Top Soil		0	16"	
gravel-cobbles clay con.		16	25'	
clay		25	27	
gravel conglomerate		27	40	
gra-cob-clay con.		40	62	
clay		62	65	
gravel con.		65	93	
gravel	water	93	97	
gravel clay con		97	105	
gravel	water	105	115	
clay con		115	120	
gravel	water	120	127	
clay con		127	138	
gravel	water	138	139	
clay con.		139	150	

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 Inches 50 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>12.7</u>	<u>.188</u>	<u>7</u>	<u>150</u>

 Perforations:
 Type perforation mill
 Size perforation 6 x 2.5 x 6 row
 From _____ feet to _____ feet
 From 100 feet to 120 feet
 From 130 feet to 150 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 52 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 52 feet to 150 feet

Date started Aug 8 2003
 Date completed Sept 24 2003

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>40</u>	<u>1</u>	<u>1 hr</u>

9. WATER LEVEL
 Static water level 93 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 64 °F Quality good
 10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Oscar R. Maynard Contractor
 Address P.O. Box 64 Contractor
Land NV 89317
 Nevada contractor's license number 47226
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1551
 Division of Water Resources, the on-site driller.
 Signed Oscar Maynard
 By driller performing actual drilling on site or contractor
 Date Oct 17-03

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 OCT 23 AM 11:56
 STATE ENGINEERS OFFICE