

Log No. 91811
 Permit No. 32373
 Basin 207

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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. 43195

1. OWNER David Gibson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 203 Par. Box Farms
Lucas Av. 89317
 2. LOCATION NE 1/4 NW 1/4 Sec. 31 T. 10 N/S R. 61 E. NVE County _____
 PERMIT NO. Applied N/R 013-681-12 None Subdivision Name _____
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other Exploratory
 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	5	
tan clay		5	18	
Sand	water	18	19	
tan clay		19	27	
whitish clay		27	45	
Clay sand	water	45	50	
Clay		50	58	
sand clay	water	58	60	
Light Blue clay		60	65	
Blue clay		65	77	
Blue Clay Sand gr.	water	77	81	
Blue clay		81	88	
clay sand gravel	water	88	90	
Blue clay		90	124	
Sand - Clay	water	124	125	
clay		126	150	
Sand gravel	water	150	155	
Blue Clay sand		155	185	
Blue clay		185	230	
Darker Blue Clay	water	230	238	
Dark Blue clay		238	244	
Blue Clay		244	260	

8. WELL CONSTRUCTION none
 Depth Drilled 260 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
		<u>none</u>		

Perforations:
 Type perforation none
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Gibson has decided to lean out
Core Hope to make a irrigation well
Permit applied for.

9. WATER LEVEL
 Static water level 18 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>75</u>	<u>4</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Maynard Well Drilling Contractor
 Address P.O. Box 64 Lucas Av. 89317 Contractor
 Nevada contractor's license number 47226 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
 Signed Orvin Maynard
 By driller performing actual drilling on site or contractor
 Date June 10-03