

OFFICE USE ONLY
 Log No. 92978
 Permit No. 1025
 Basin 1025

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. 51995

1. OWNER Mike Roberts ADDRESS AT WELL LOCATION 7th St Silver Springs
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 5E 1/4 Sec. 16 T. 17N N/S R. 75 E AON County
 PERMIT NO. 17-363-01 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</u>		<u>0</u>	<u>78</u>	
<u>Thin clay</u>		<u>76</u>	<u>67</u>	
<u>Coarse clay</u>		<u>67</u>	<u>94</u>	
<u>Thin clay</u>		<u>94</u>	<u>117</u>	
<u>Coarse clay</u>		<u>117</u>	<u>135</u>	
<u>Coarse mix sand</u>		<u>135</u>	<u>148</u>	
<u>Coarse clay</u>		<u>148</u>	<u>161</u>	
<u>Thin clay</u>		<u>161</u>	<u>181</u>	
<u>Coarse sand</u>		<u>181</u>	<u>200</u>	

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/2 Inches To 7 1/2 Feet
 _____ 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>6 1/2</u>	<u>13.00</u>	<u>3/16</u>	<u>71</u>	<u>20</u>
<u>6 1/2</u>	<u>3.00</u>	<u>5/16</u>	<u>20</u>	<u>200</u>

Perforations:
 Type perforation Cut
 Size perforation _____
 From 100 feet to 190 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 0-50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 200 feet

9. WATER LEVEL
 Static water level 5.1 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name David Williams Contractor
 Address Box 577 Silver Springs NV 89409 Contractor
 Nevada contractor's license number 0031841 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-14-01

Date started 5-18, 2001
 Date completed 5-19, 2001

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>50</u>	<u>50</u>	<u>6 PM</u>

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