

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 95375
 Permit No. _____
 Basin 057

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 54552

1. OWNER Joan Weinrich
 MAILING ADDRESS HC 61 Box 159
Battle Mtn, NV 89820
 ADDRESS AT WELL LOCATION Joan Weinrich
antelope Valley
Battle MTn, NV 89820

2. LOCATION sw 1/4 sw 1/4 Sec 03 T 24 N R 41 E Lander County
 PERMIT NO. 56716
 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					8. WELL CONSTRUCTION				
Material	Water Strata	From	To	Thickness	Depth Drilled	Depth Cased	HOLE DIAMETER (BIT SIZE)		
Gravel		0	41	41	500 Feet	500 Feet	From _____ To _____		
Clay		41	43	3	36 Inches _____ 0 Feet _____ 50 Feet				
Gravel		43	65	22	_____ Inches _____ Feet _____ Feet				
Silt		65	80	15	_____ Inches _____ Feet _____ Feet				
Gravel		80	90	10	CASING SCHEDULE				
Gravel		90	100	10	Size O.D. (Inches)	Weight Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
Clay		100	110	10	30	20.75	.065	0	50
Gravel		110	118	8	16	42.00	.250	0	500
Clay		118	122	4	Perforations:				
Gravel & Sand	x	122	130	8	Type perforation <u>Mill Cutt</u>				
Clay		130	135	5	Size perforation <u>1/4 Double Row</u>				
Gravel	x	135	165	30	From _____ 150 feet to _____ 400 feet				
Clay		165	190	25	From _____ feet to _____ feet				
Gravel	x	190	202	12	From _____ feet to _____ feet				
Clay		202	218	16	From _____ feet to _____ feet				
Gravel	x	218	220	2	From _____ feet to _____ feet				
Clay Silt		220	230	10	Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Seal Type: _____				
Gravel w Clay Silt		230	275	45	Depth of Seal <u>50</u> <input type="checkbox"/> Neat Cement				
Gravel	x	275	280	5	Placement Method: <input checked="" type="checkbox"/> Pumped <input checked="" type="checkbox"/> Cement Grout				
Clay		280	290	10	<input type="checkbox"/> Poured <input type="checkbox"/> Concrete Grout				
Gravel	x	290	295	5	Gravel Packed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Clay w/Gravel	x	295	400	105	From _____ 0 feet to _____ 500 feet				
Brown Silt		400	500	100	9. WATER LEVEL				
					Static water level _____ 120 feet below land surface				
					Artesian flow _____ G.P.M. _____ P.S.I.				
					Water temperature _____ cool °F Quality <u>unknown</u>				

RECEIVED
 04 JUN -8 AM 10:51
 STATE ENGINEERS OFFICE

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 89407-1265
 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

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

Date started 02/17, 20 04
 Date completed 02/20, 20 04

Signed Walter Parsons
 By driller performing actual drilling on site or contractor
 Date 06/01/04