

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. 51611

1. OWNER Jerry Olson ADDRESS AT WELL LOCATION 61 Simpson
 MAILING ADDRESS P.O. Box 25 Frank Wellington Nev.
Mellerton Nev. 89444 89444
 2. LOCATION NE 1/4 NE 1/4 Sec 28 T 12 N/S R 23 E Syon County
 PERMIT NO. 9-262-10 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>sandy clay top soil</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>wet clay</u>	<u>yes</u>	<u>3</u>	<u>12</u>	<u>9</u>
<u>gray clay</u>		<u>12</u>	<u>25</u>	<u>13</u>
<u>gray clay + cobbles</u>		<u>25</u>	<u>60</u>	<u>35</u>
<u>gray clay</u>		<u>60</u>	<u>120</u>	<u>60</u>
<u>gray clay + gravel eyes</u>		<u>120</u>	<u>180</u>	<u>60</u>
<u>gray clay + silt</u>		<u>180</u>	<u>220</u>	<u>40</u>
<u>gray clay gravel</u>	<u>yes</u>	<u>220</u>	<u>240</u>	<u>20</u>
<u>gravel with over flow</u>	<u>yes</u>	<u>240</u>	<u>290</u>	<u>50</u>

8. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 290 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 290 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 5/8</u>		<u>188</u>	<u>0</u>	<u>290</u>

 Perforations:
 Type perforation factory saw slott
 Size perforation 3/16 x 3
 From 250 feet to 290 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 290 feet

Date started April 18, 2006
 Date completed April 23, 2006

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>60</u>	<u>0</u>	<u>3 hrs</u>

9. WATER LEVEL
 Static water level 0 feet below land surface
 Artesian flow yes G.P.M. 60 P.S.I.
 Water temperature Cold °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 Edmund Miller Dilling Contractor
 Address P.O. Box Contractor
Smith Nev. 89430
 Nevada contractor's license number 32166A
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 718
 Division of Water Resources, the on-site driller
 Signed Edmund Miller
 By driller performing actual drilling on site or contractor
 Date April 23 - 06