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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

Log No. _____
 Permit No. _____
 Basin *049*

NOTICE OF INTENT NO. *60134*

1. OWNER *SABAS ORTIZ* ADDRESS AT WELL LOCATION *LOUISIANA AVE*
 MAILING ADDRESS _____

2. LOCATION *SE 1/4 SW 1/4 Sec. 6 T. 34 N. R. 56 E. E1K0* County _____
 PERMIT NO. *N/A* Issued by Water Resources Parcel No. *032-009-015* Last Chance Ranch, Unit #3
 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	Thickness
<i>Alluvial soil</i>		<i>0</i>	<i>3</i>	<i>3</i>
<i>Yellow clay (T. P.)</i>		<i>3</i>	<i>55</i>	<i>52</i>
<i>Blue clay (hard)</i>		<i>55</i>	<i>120</i>	<i>65</i>
<i>Soft shale</i>		<i>120</i>	<i>175</i>	<i>55</i>
<i>Black sandy shale</i>	<i>uv</i>	<i>175</i>	<i>194</i>	<i>19</i>
<i>Soft blue shale</i>		<i>194</i>	<i>197</i>	<i>3</i>
<i>G.P.S.</i>				
<i>40.85727 N</i>				
<i>115.70861 W</i>				
<i>(MATH)</i>				

8. WELL CONSTRUCTION
 Depth Drilled *197* Feet Depth Cased *197* Feet

HOLE DIAMETER (BIT SIZE)
 From To
10+ Inches *0* Feet *50* Feet
8 Inches *50* Feet *197* Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<i>6"</i>	<i>11.92</i>	<i>-.188</i>	<i>+1</i>	<i>10</i>
<i>6"</i>	<i>F-400</i>	<i>PVC-.34</i>	<i>10</i>	<i>170</i>
<i>6"</i>	<i>F-400</i>	<i>PVC SCREEN</i>	<i>170</i>	<i>197</i>

Perforations: *F-45 PVC-.154 190 197*
 Type perforation *Slotted PVC SCREEN*
 Size perforation *?*
 From *170* feet to *197* feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal *70* Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From *70* feet to *197* feet

Date started *7-1, 2008*
 Date completed *Rig Repair 8-13, 2008*

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	<i>17</i>	<i>52</i>	<i>1 hr.</i>

9. WATER LEVEL
 Static water level *7.2* feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature *cold* °F Quality *fair*

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name *MUTH DRILLING Co* Contractor
 Address *203 PINE ST., EIKO, NV 89801* Contractor
 Nevada contractor's license number issued by the State Contractor's Board *10819*
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller *632*
 Signed *James V. Muth*
 By driller performing actual drilling on site or contractor
 Date *8-13-08*