

OFFICE USE ONLY
 Log No. 32525
 Permit No. 27860
 Basin 10-137a

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

1. OWNER Bruce Veck ADDRESS AT WELL LOCATION Round Mountain Gold
Manhattan, Nev. 89022
 MAILING ADDRESS Box 56
Manhattan, Nev. 89022
 2. LOCATION N.E. 1/4 SE 1/4 Sec. 19 T. 19N N/S R. 44 E County
 PERMIT NO. 27860 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
water standing at 280ft				
Plug 200ft. water				
well cement to 300ft				
BENTONITE Plug at 300ft				
#270 ft 400lb plug				
Cement 270 to Top.				
8 yds cement				
8 sack grout				
Logging of log # 21643				

8. WELL CONSTRUCTION
 Diameter hole _____ inches Total depth _____ feet
 Casing record _____
 Weight per foot _____ Thickness _____
 Diameter From To
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Date started 11-22 9:AM 1989
 Date completed 11-22 12:00 1989

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name GUSTIN CORP Contractor
 Address Box 894, ELKO, Nev. 89801 Contractor
 Nevada contractor's license number 21754
 Nevada ~~contractor's~~ drillers number 802
 Nevada driller's license number _____
 Signed E. D. Gustin Actual Driller
 Contractor
 Date 11-22-89

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Wesley Leedy</u>			

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours