

OFFICE USE ONLY
 Log No. 37816
 Permit No. _____
 Basin. 49

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. 19196

1. OWNER NORMAN J CLARK ADDRESS AT WELL LOCATION CORNER OF
 MAILING ADDRESS MUR 295-13 26 STREET AND PUEBLO ST
EIKO N.V. 89501

2. LOCATION SW 1/4 NW 1/4 Sec. 19 T. 34 N/S R. 55 E. EIKO County _____
 PERMIT NO. MUR 4 BIK 12 2076 Subdivision Name MUR-4
 Issued by Water Resources 3-2-92 Bureau No. _____

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>Loam</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Gravel</u>		<u>2</u>	<u>98</u>	<u>96</u>
<u>Cemented sandstone</u>		<u>98</u>	<u>210</u>	<u>112</u>
<u>Gravel</u>		<u>210</u>	<u>230</u>	<u>20</u>
<u>Cemented SANDSTONE</u>		<u>230</u>	<u>244</u>	<u>14</u>
<u>Clay</u>		<u>244</u>	<u>260</u>	<u>16</u>
<u>Raylight</u>		<u>260</u>	<u>262</u>	<u>2</u>
<u>Gravel</u>	<u>water</u>	<u>262</u>	<u>280</u>	<u>18</u>

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 230 Feet
6 Inches 230 Feet 280 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6"</u>		<u>188</u>	<u>+2</u>	<u>230</u>
<u>5"</u>		<u>188</u>	<u>230</u>	<u>280</u>

Perforations:
 Type perforation slots
 Size perforation 3/16 3"
 From 140 210 feet to 230 feet
 From 260 feet to 280 feet
 From _____ feet to _____ 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 230 feet

9. WATER LEVEL
 Static water level 155 feet below land surface
 Artesian flow _____ G.P.M. _____ 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 Fentig Drilling Co Contractor
 Address PO Box 525 Contractor
EIKO N.V. 89501
 Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shaul C. Fentig
 By driller performing actual drilling on site or contractor
 Date 1-15-92

Date started 12-2 1991
 Date completed 12-23 1991

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>54</u>		<u>4</u>

92 JAN 27 11:10 AM '91
 STATE ENGINEER