

OFFICE USE ONLY
 Log No. 38623
 Permit No. _____
 Basin. 45

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. 19214

1. OWNER JCC MANION ADDRESS AT WELL LOCATION 367 CROWN BAR
 MAILING ADDRESS 440 Grant #60
Elko N.V. 89801
 2. LOCATION NE 1/4 N 5 1/4 Sec 26 T 34 N 57 E F110 County
 PERMIT NO. 23-018-03-8 Pleasant Valley Subdivision Name
 Issued by Water Resources Parcel 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
Gravel		0	32	32
Hard Quartz Rock		32	130	98
Gravel		130	138	8
SAND & Gravel water		138	160	22

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 160 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</u>		<u>185</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation slots
 Size perforation 3/16 x 3
 From 140 feet to 160 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 56 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 56 feet to 160 feet

9. WATER LEVEL
 Static water level 84 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 64 °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 Fertig Drilling Co Contractor
 Address PO Box 525 Contractor
Elko N.V. 89801
 Nevada contractor's license number issued by the State Contractor's Board 0031904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1554
 Signed Shouk Fertig
 By driller performing actual drilling on site or contractor
 Date 3-2-92

Date started 2-11, 1992
 Date completed 2-20, 1992

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>28</u>		<u>3 1/2</u>