

OFFICE USE ONLY
 Log No. 39637
 Permit No. _____
 Basin 107

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. 16507

1. OWNER Sweetwater Const. ADDRESS AT WELL LOCATION # S. Range land
 MAILING ADDRESS 402 So. Center St drive Wellington NV
Heavensington NV 89447 89444
 2. LOCATION SW 1/4 SW 1/4 Sec. 7 T. 11 N/S R. 24 E. Cyon County
 PERMIT NO. None Issued by Water Resources Parcel No. 5 Subdivision Name Range land

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
Top Soil		0		20
Sand DG		20		40
DG		40		60
DG		60		80
Sand - DG		80		100
Brn Clay		100		120
Blue Clay		120		140
Blue Clay		140		160
Blue Clay		160		180
Blue Clay		180		200
gravel		200		220
DG gravel ✓		220		240
DG gravel ✓		240		260
DG gravel ✓		260		270
DG GRAVEL ✓		270		273

SEP 25 AM 11:15
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 273 Feet Depth Cased 273 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 273 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"		188	0	273

 Perforations:
 Type perforation factory slot cut
 Size perforation 3/32 x 3
 From 230 feet to 273 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50'
 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 273 feet
 9. WATER LEVEL
 Static water level 187' feet below land surface
 Artesian flow _____ G.P.M. 20+ P.S.I.
 Water temperature cold °F Quality good

Date started 8/10/92, 19_____
 Date completed 8/13/92, 19_____

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ed Miller Contractor
 Address Bx 92 Smith NV 89430 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 32166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Ed Miller By driller performing actual drilling on site or contractor
 Date 8/14/92