

OFFICE USE ONLY
 Log No. 42585
 Permit No. _____
 Basin. 3-207

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. 23230

1. OWNER GARY ROSEN LUND ADDRESS AT WELL LOCATION 345 South 100 East Lot 2 Block 1B
 MAILING ADDRESS P.O. Box 96 Lund N.V. 89317

2. LOCATION SW 1/4 SE 1/4 Sec. 33 T. 12 N. R. 62 E. White Pine County
 PERMIT NO. NA 06-03-402 Parcel No. _____ Subdivision Name Lund town site survey

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
Top Soil		0	1	
gravelly soil		1	3	
Clay		3	7	
gravel		7	9	water
Clay		9	22	
gravel		22	30	water
Clay		30	47	
gravel conglomerate		47	50	water
Clay		50	55	
gravel		55	59	water
Clay		59	62	
gravel		62	63	water
Clay		63	65	
gravel		65	67	
Clay		67	81	
gravel		81	83	water
Clay		83	95	
gravel		95	100	water

8. WELL CONSTRUCTION
 Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
<u>10</u>	<u>0</u>	<u>50</u>	<u>5.0</u>
<u>8</u>	<u>50</u>	<u>100</u>	<u>100</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>0</u>	<u>100</u>

Perforations:
 Type perforation MILL
 Size perforation 4 x 2.5 x 6 ROW

From _____ feet to _____ feet
 From 60 feet to 100 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Cement Grout

Gravel Packed: Yes No
 From 50 feet to 100 feet

9. WATER LEVEL
 Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °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 Orson M. Lund Contractor
 Address P.O. Box 96 Lund N.V. 89317 Contractor

Date started July 22 1993
 Date completed July 31 1993

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>51</u>	<u>160</u>
G.P.M. _____		

Nevada contractor's license number 0022809
 issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556

Signed Orson M. Lund
 By driller performing actual drilling on site or contractor

Date Sept 10 - 93